

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4182**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **58** PRIMARY REG. DIST. NO. **4087** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY <b>Carter</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Carter</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>VAN BUREN</b>		c. CITY OR TOWN <b>VAN BUREN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>Gen Delivery 0180</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Residence</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>Houston</b>	c. (Last) <b>Rector</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 16 55</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Feb 16, 1880</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING-MAIL CARRIER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Carter County, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Rector</b>	13b. MOTHER'S MAIDEN NAME <b>M. NERVA Wheeler</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Rector</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Maude Rector</b>	ADDRESS <b>VAN BUREN, MO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>16 MOS</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Blastic Carcinoma</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>151 X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-2-1949** to **2-16-1955**, that I last saw the deceased alive on **2-16-1955**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Rusinski D.O.</b>	(Degree or title)	23b. ADDRESS <b>Van Buren, Mo</b>	23c. DATE SIGNED <b>2-19-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-18-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VAN BUREN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>VAN BUREN, MO</b>
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DATE REC'D BY LOCAL REG. <b>Feb. 25-55</b>	REGISTRAR'S SIGNATURE <b>Mrs Octa Hanson</b>	50	25. GENERAL DIRECTOR'S SIGNATURE <b>Coleman W. Spallen</b>	ADDRESS <b>Van Buren, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Allen C. McSpencer*

Licensed Embalmer No. *454*

P. O. Address *New Brunswick*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.