

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15984**

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 118	
1. PLACE OF DEATH a. COUNTY Franklin.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. LENGTH OF STAY (in this place) 8 days.		c. CITY OR TOWN Villa Ridge,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.				f. STREET ADDRESS (If rural, give location) None.			
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Clyde		c. (Last) Rector.		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1956.
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Nov. 8th, 1892.	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 2 HRS. Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman.		10b. KIND OF BUSINESS OR INDUSTRY x		11. BIRTHPLACE (City and State or Foreign Country) Franklin County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Robert Rector.			13b. MOTHER'S MAIDEN NAME Mary Ellen Wooten.		14. NAME OF DECEASED'S WIFE Annie L. Rector.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. x		16. SOCIAL SECURITY NO. 495-22-0658		17. INFORMANT'S SIGNATURE OR NAME Annie L. Rector		ADDRESS Villa Ridge, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Artery thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Artery sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 days 6 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-7 , 19 56 to 5-15 , 19 56 ; that I last saw the deceased alive on 5-15 , 19 56 , and that death occurred at 6:50 m., from the causes and on the date stated above.							
23a. SIGNATURE Lorenz W. D.				23b. ADDRESS Washington Mo		23c. DATE SIGNED 5-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		24b. DATE May 18, 1956.		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery,		24d. LOCATION (City, town, or county) (State) Villa Ridge, Mo.	
DATE REC'D BY LOCAL REG. 5/17/56		REGISTRAR'S SIGNATURE L.P. Heidmann		25. FUNERAL DIRECTOR'S SIGNATURE L.P. Heidmann, Dieburg & Vitt, Inc.		ADDRESS Washington, Mo.	

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.....
Jerome F. Shoolbode

Licensed Embalmer No. *45*

P. O. Address *Washu*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.