

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38770

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 410

| | | | | | |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Marion.</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ralls.</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal, Missouri.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Center, Missouri.</u> | | Inside Limits <u>870</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Levering Hospital</u> | | | Length of stay in 1b <u>4Hrs</u> | d. STREET ADDRESS <u>Center, Mo.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>JESS</u> Middle <u>RECTOR</u> Last <u>RECTOR</u> | | | 4. DATE OF DEATH Month <u>Nov</u> Day <u>12</u> Year <u>1956.</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 1, 1898</u> | 9. AGE (In years last birthday) <u>58</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe Line Employee</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Pipe Line</u> | 11. BIRTHPLACE (City and state or country) <u>Center, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Millard Rector</u> | | | 14. MOTHER'S MAIDEN NAME <u>Lucy Lucas.</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yrs, give war or dates of service) | 17. INFORMANT Address <u>Mrs Ruby Rector Center, Missouri.</u> | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apoplexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hemorrhage of Cerebellum</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>None known</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u> <u>5 hours</u> <u>2 years</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY* Hour _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>Oct. 30 '56</u> to <u>Nov. 12 '56</u> and last saw <u>him</u> alive on <u>Nov. 12 '56</u> . Death occurred at <u>4:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>C. H. Brooker</u> (Degree or title) <u>M.D.</u> | | | 22b. ADDRESS <u>Center, Hannibal, Missouri.</u> | | 22c. DATE SIGNED <u>11-14-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>11-14-56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u> |
| 24. FUNERAL DIRECTOR <u>Clyde W. Perry</u> | | ADDRESS <u>Perry, Missouri.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-23-56</u> | 26. REGISTRAR'S SIGNATURE <u>Mr. Em. Lucke by W. Fisher</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 26 1956
MARION CO. HEALTH DEPT.
DATE FILED NOV. 26 1956

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 *Clyde C. ...*

Licensed Embalmer No....38

P. O. Address....Perry, M.

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.