

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2484

STATE FILE NUMBER

FILED JAN 29 1957

3735-57

Registration District No. 316

Primary Registration District No. 3057

Registrar's No. 15

| | | | | | | | | |
|--|-------------------------------|--|--|---|---|---|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | | |
| a. COUNTY <i>St. Francois</i> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bonne Terre</i> | | c. CITY OR TOWN <i>DELASSUS</i> | | d. STREET ADDRESS <i>FARMINGTON Box 53</i> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bonne Terre Hosp.</i> | | Length of stay in lb <i>8 hrs</i> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | | |
| First <i>MARION</i> | | Middle | | Last <i>Rector</i> | | Month <i>Jan</i> Day <i>9</i> Year <i>1957</i> | | |
| 5. SEX <i>MALE</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Jan 9, 1958</i> | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i> | | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <i>Bonne Terre, Mo</i> | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | | | |
| 13. FATHER'S NAME <i>Emmitt Rector</i> | | | | 14. MOTHER'S MAIDEN NAME <i>Geraldine Moore</i> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>None</i> | | 17. INFORMANT Address <i>Emmitt Rector, Farmington, Mo</i> | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Prematurity (24 wks. or less)</i> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ | | | | | | | | |
| DUE TO (c) _____ | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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.) <i>776x</i> | | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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.) <i>Bonne Terre</i> | | 20f. CITY, TOWN, OR LOCATION <i>St. Francois</i> | | 20g. COUNTY <i>Mo</i> | | |
| 21. I attended the deceased from <i>1-9-57</i> , to <i>1-9-57</i> and last saw her alive on <i>1-9-57</i> Death occurred at <i>5:40 P. m</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>F. Richard Crouch, M.D.</i> | | | | 22b. ADDRESS <i>Farmington, Mo.</i> | | | 22c. DATE SIGNED <i>1-11-57</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 23b. DATE <i>Jan 14, 1957</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Parkview Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>Farmington, Mo</i> | | |
| 24. FUNERAL DIRECTOR ADDRESS <i>Miller Funeral Home, Farmington, Mo</i> | | | 25. DATE RECD. BY LOCAL REG. <i>1-11-57</i> | | 26. REGISTRAR'S SIGNATURE <i>Ether Rullhoff</i> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul H. [Signature]

Licensed Embalmer No. 4129

P. O. Address Forampton

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.