

FILED JAN 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 40736

60  
300

BIRTH NO. 45 REG. DIST. NO. 192 PRIMARY REG. DIST. NO. 5207 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>McDonald</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i>		
b. CITY OR TOWN <i>Rural McMillan</i>		c. LENGTH OF STAY (in this place) <i>9 days</i>	c. CITY OR TOWN <i>Rural McMillan Twp</i>		d. STREET ADDRESS (If rural, give location) <i>1 mile N.E. of Tiff city</i>
3. NAME OF DECEASED (Type or Print) <i>STUDY ORVAL RECTOR</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12 20 1948</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>8-15-1888</i>		9. AGE (In years last birthday) <i>60</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>✓</i>		11. BIRTHPLACE (State or foreign country) <i>Dugger Indiana 194</i>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <i>Black Rector</i>		13b. MOTHER'S MAIDEN NAME <i>Martina Gabbart</i>		14. NAME OF HUSBAND OR WIFE <i>Dot Ethel Rector</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Dot Ethel Rector Anderson</i> ADDRESS <i>McDonald</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>HW</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i> ANTECEDENT CAUSES <i>Coronary Heart Disease</i> DUE TO (b) <i>12-10-48</i> DUE TO (c) <i>none</i> II. OTHER SIGNIFICANT CONDITIONS <i>none</i> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <i>12-20-48</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>none</i>		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) <i>Tiff City Mc McDonald Mo</i>		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 <i>12-10</i> , 19 <i>48</i> , to <i>12-10</i> , 19 <i>48</i> , that I last saw the deceased alive on <i>12-17</i> , 19 <i>48</i> and that death occurred at <i>5:00</i> A. M., from the causes and on the date stated above.					
23a. SIGNATURE <i>R. E. Warrack, M.D.</i> (Degree or title)			23b. ADDRESS <i>Southeast City Mo</i>		23c. DATE SIGNED <i>12-22-48</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rural</i>	24b. DATE <i>12-22-1948</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anderson</i>		24d. LOCATION (City, town, or county) (State) <i>Anderson, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>12-24-48</i>		REGISTRAR'S SIGNATURE <i>Virginia Bush</i> 371		25. FUNERAL DIRECTOR'S SIGNATURE <i>R. E. Callahan</i> ADDRESS <i>Anderson, Mo.</i>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 1248-1424

Date Filed 12-31-48

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 me

Student Embalmer No. ✓

working under my personal supervision.

Signed R.E. Cheatham

Signed ✓  
Student Embalmer

Licensed Embalmer No. 3813

P. O. Address Anderson, Mo.

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 this body is not embalmed, fact should be so stated above.