

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12632**  
Registrar's No. **344**

BIRTH NO.		REG. DIST. NO. <b>128</b>	PRIMARY REG. DIST. NO. <b>2000</b>	Registrar's No. <b>344</b>	
1. PLACE OF DEATH a. COUNTY <b>Green</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>2 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Collins Mo 030</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>Rural 011</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>BETTY</b> b. (Middle) <b>JUNE</b> c. (Last) <b>RECTOR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 11 1950</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>11-16-1948</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Collins Mo 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Orville Rector</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Underwood</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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 ADDRESS <b>Mrs. C. Rector Collins Mo</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Kerosene Poisoning (accidental)</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.			INTERVAL BETWEEN ONSET AND DEATH <b>31 hours</b> <b>88810</b> <b>74</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Collins St. Clair Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>4-9-50 5:30 PM</b>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>She drank a bottle of Kerosene</b>			
22. I hereby certify that I attended the deceased from <b>4-9-50</b> , 19 <b>50</b> , to <b>4-11-50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>4-11-50</b> , 19 <b>50</b> , and that death occurred at <b>1:50 PM</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Paul J. Busiet M.D.</b>			23b. ADDRESS <b>1635 E. Walnut Springfield</b>		23c. DATE SIGNED <b>4-11-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-14-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Free Apple</b>	24d. LOCATION (City, town, or county) (State) <b>Collins Mo</b>	
DATE REC'D BY LOCAL REG. <b>4-12-50</b>		REGISTRAR'S SIGNATURE <b>W. J. Handley M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. B. Handrick Osceola Mo</b>	

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

APR 27 1950

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 .....  
Student Embalmer

Signed J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Oswego 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.