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

FILED AUG 3 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22896

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 304

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Poplar Bluff~~ ~~Stoddard Twp~~
c. LENGTH OF STAY (In this place): ~~Hosp~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Hy. 7, near Wappapello~~ Doctors Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wappapello - Rural St Francis Twp
d. STREET ADDRESS (If rural, give location): Route 2 Hy 7 near Wappapello.

3. NAME OF DECEASED (Type or Print)
a. (First): Roxie
b. (Middle):
c. (Last): Rector

4. DATE OF DEATH (Month) (Day) (Year): 7/24/50

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1870
9. AGE (In years last birthday): 80 — If under 1 year: Months 2, Days 8 — If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Robinson
13b. MOTHER'S MAIDEN NAME: Capel
14. NAME OF HUSBAND OR WIFE: A. J. Rector

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Hobart Rector, Broseley, 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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac failure — 3 yr
DUE TO (c) Severe internal injuries

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Pulmonary hemorrhage from Auto. accident

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP): Wappapello — **(COUNTY)**: Wayne — **(STATE)**: Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car overturned into ditch — Automobile Accident

22. *I hereby certify that I attended the deceased from* 7-24, 1950, *to* 7-24, 1950, *that I last saw the deceased alive on* 7-24, 1950, *and that death occurred at* 10:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. D. Markel MD
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/25/50
24c. NAME OF CEMETERY OR CREMATORY: Wappapello
24d. LOCATION (City, town, or county) (State): Butler Co., Mo.

DATE REC'D BY LOCAL REG.: July 27 1950
REGISTRAR'S SIGNATURE: Wm H Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Greer Croy & Fitch Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 1 1950
BUTLER CO. HEALTH CENTER
FILE No. ~~AUG 1 1950~~ ~~850-3260~~

AUG 16 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. 375

working under my personal supervision.

Student Joseph R. Matlock
Student Embalmer

Signed William M. Fitch

Licensed Embalmer No. 3559

P. O. Address Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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