

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **19974**

**JUN 26 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **87**

0422

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

1. PLACE OF DEATH a. COUNTY <b>Henry</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>Clinton</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Collins</b>		d. STREET ADDRESS (If rural, give location) <b>RR# 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Osteopathic Hospital</b>		4. DATE OF DEATH Month <b>June</b> Day <b>15</b> Year <b>1951</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jesse</b> b. (Middle) <b>Monroe</b> c. (Last) <b>Rector</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>December 7, 1898</b>	
9. AGE (In years last birthday) <b>52</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
11. BIRTHPLACE (State or foreign country) <b>Cedar County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Grant Rector</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ball</b>	
14. NAME OF HUSBAND OR WIFE <b>Viola May Rector</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 <b>Viola May Rector</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Perforation of Uleer. (Concussion) of stomach, with perforations of pylorus.</b> ANTECEDENT CAUSES: <b>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. (The above is anatomic findings)</b> DUE TO (b) <b>Concussion of pylorus</b> DUE TO (c) <b>Peptic ulcer disease. 3 yrs duration</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>151x</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>June 14, 1951</b> , to <b>June 15, 1951</b> , that I last saw the deceased alive on <b>June 15, 1951</b> , and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Jesse Wetzel</b>		23b. ADDRESS <b>D.O. 105 E. Ohio Clinton Mo.</b>	
23c. DATE SIGNED <b>June 16/51</b>		23d. NAME OF CEMETERY OR CREMATORY <b>Hannville Cem.</b>	
23e. LOCATION (City, town, or county) (State) <b>Hannville Missouri</b>		23f. DATE REC'D BY LOCAL REG. <b>June 16-51</b>	
23g. REGISTRAR'S SIGNATURE <b>Florence Adams</b>		23h. FUNERAL DIRECTOR'S SIGNATURE <b>Princeton J. Horn</b>	
23i. ADDRESS <b>Hannville</b>		23j. ADDRESS <b>Hannville</b>	

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-25-51 \_\_\_\_\_

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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 Raymond R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, Miss.

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.