C.S. No. 300
Rev. 10-48

FILED JAN 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 217

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 36

0105
0

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

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hallsville 010 0
d. STREET ADDRESS (If rural, give location): Rural Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): OLIVER
c. (Last): RECTOR

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 25, 1883
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 6, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Boone County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: H.S.

13a. FATHER'S NAME: George W. Rector
13b. MOTHER'S MAIDEN NAME: Sarah Haddock
14. NAME OF HUSBAND OR WIFE: Florence Johnson Rector

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Woodrow Rector, Columbia, 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Traumatic injuries, brain	6 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Fractured skull	6 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Crushed chest	6 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 118
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 40
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Columbia Boone Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 17 53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Collision of two autos

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11:15a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry L Sweets JMD 3 Coroner
23b. ADDRESS: 909 University Ave., Columbia
23c. DATE SIGNED: 1-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 25, 1953
24c. NAME OF CEMETERY OR CREMATORY: Dripping Springs Cemetery
24d. LOCATION (City, town, or county) (State): Boone County, Missouri

DATE REC'D BY LOCAL REG.: Jan 29 1953
REGISTRAR'S SIGNATURE: Mrs R E Palmer 31-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Parker Funeral Service, Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 17 1953

FEB 10 1954

FEB 6 1953

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 W. D. Whitsitt

Licensed Embalmer No. 3893

P. O. Address Callicoon

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.