

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42091

State File No.

No. 300
10-48

BIRTH NO. **FILED DEC 21 1953** REG. DIST. NO. **37** PRIMARY REG. DIST. NO. **4049** Registrar's No. **51**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) Centralia		c. CITY (If outside corporate limits, write RURAL and give township) Vandalia	
c. LENGTH OF STAY (in this place) 1 1/2 years		d. STREET ADDRESS (If rural, give location) Diamond Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hulen's Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Andrew c. (Last) Rector			4. DATE OF DEATH (Month) (Day) (Year) Dec 17, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 20, 1874		9. AGE (In years last birthday) 79 9 Months 27 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County, Missouri	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME John Rector		13b. MOTHER'S MAIDEN NAME —		14. NAME OF HUSBAND OR WIFE Emma 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 John T. Rector, Vandalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			RECURRENT Cerebral Hemorrhage			Several months		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & Arteriosclerosis			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Several years		

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) —		21b. PLACE OF INJURY (e.g., in or about home, dorm, factory, street, office bldg., etc.) —		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —		331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —		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 8-28-53, 12-17-53, that I last saw the deceased alive on 12-16-53, and that death occurred at 1:40 A m., from the causes and on the date stated above.

23a. SIGNATURE W. J. Baker, D.O.		23b. ADDRESS Centralia, Mo.		23c. DATE SIGNED 12-17-53	
24a. BURIAL'S CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 19, 1953		24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	
24d. LOCATION (City, town, or county) (State) Vandalia, Missouri					

DATE REC'D BY LOCAL REG. Dec 17-1953	REGISTRAR'S SIGNATURE Maud McBride	30-70	FUNERAL DIRECTOR'S SIGNATURE William B. Waters	ADDRESS Vandalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

01004

FEB 10 1954

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.