

STANDARD CERTIFICATE OF DEATH

State File No. **8136**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4154** Registrar's No. **54-26**

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Dade | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dade | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo | c. LENGTH OF STAY (in this place) yrs 6 | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION home | | d. STREET ADDRESS (If rural, give location) 0 | |

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|---|---------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) Edwin c. (Last) Rector | | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 30 1954 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH May 27, 1869 | | 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months 10 Days 3 IF UNDER 12 HRS. Hours 0 Mins. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY farmer | 11. BIRTHPLACE (City and State or Foreign Country) Barton Co Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME Lilburn Rector | | 13b. MOTHER'S MAIDEN NAME Emma Ethridge | | 14. NAME OF HUSBAND OR WIFE Eva F Rector | |
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| 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. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva F Rector Greenfield Mo. | | | |
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| 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) Cerebral Hemorrhage | | | INTERVAL BETWEEN ONSET AND DEATH 4 months |
| | | 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. | | | |

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|------------------------|---|--|--|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331 X | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | 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 **Nov 18th**, 19**53**, to **3-30-**19**54**, that I last saw the deceased alive on **3-29-**19**54**, and that death occurred at **6:00a m.**, from the causes and on the date stated above.

| | | | | | |
|--|--|----------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE Max Heilman M.D. | | 23b. ADDRESS Lockwood, Mo | | 23c. DATE SIGNED 4-1-54 | |
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|---|--------------------------------|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE April 1, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Cederville | 24d. LOCATION (City, town, or county) (State) Dade Co Mo. | | |
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|--|---|--|---|--|--|
| DATE REC'D BY LOCAL REG. 4-1-54 | REGISTRAR'S SIGNATURE J. C. Canada | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison Greenfield Mo. | | |
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7-14-58

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.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield St.

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.