

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33124

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1078

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dekalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stewartsville	
c. LENGTH OF STAY (Specify place) 3 WKS.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Meth. Hospt.			

3. NAME OF DECEASED (Type or Print)	a. (First) Mildred	b. (Middle) Alvena	c. (Last) Rex	4. DATE OF DEATH (Month) (Day) (Year)
				10-5-54

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH Feb. 14, 1898	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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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) Athens Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Amer S. Brown	13b. MOTHER'S MAIDEN NAME Minnie Newlin	14. NAME OF HUSBAND OR WIFE J. Hugh Rex
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME J. Hugh Rex	ADDRESS Stewartsville, 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, ashenia, 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) <u>Pulmonary embolus?</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>abdominal-perineal resection of colon 1st stage 9-12-54 2nd stage 10-1-54</u> DUE TO (c) <u>Carcinoma of recto-sigmoid</u>		<u>in 2 steps</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>9-12-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of recto-sigmoid</u>	20. AUTOPSY? <u>Refused</u> 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)
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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?
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22. I hereby certify that I attended the deceased from Sept 9, 1954, to Oct 5, 1954, that I last saw the deceased alive on Oct 5, 1954, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. L. Lenoir M.D.</u>	23b. ADDRESS <u>St Joseph Mo.</u>	23c. DATE SIGNED <u>10-6-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/8/54	24c. NAME OF CEMETERY OR CREMATORY Wheeling Cemetery	24d. LOCATION (City, town, or county) (State) Wheeling, Mo.
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DATE REC'D BY LOCAL REG. <u>Oct 12, 1954</u>	REGISTRAR'S SIGNATURE <u>Lothar M. Allison</u>	483	25. FUNERAL DIRECTOR'S SIGNATURE <u>McJannet</u>	ADDRESS <u>Stewartsville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.E. Summersfull*

Licensed Embalmer No. *3007*

P. O. Address *Stewartville Md*

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.