No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3544

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6077 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: St. Genevieve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Beauvais
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): Rural Beauvais Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 1148 S. Sprigg St.

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3. NAME OF DECEASED (Type or Print)
a. (First): Lloyd
b. (Middle): Lawrence
c. (Last): Rector

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1955

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 18, [redacted] 1916
9. AGE (In years last birthday): [redacted] 38
IF UNDER 1 YEAR: Months -, Days -
IF UNDER 24 HRS.: Hours -, Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck-driving
10b. KIND OF BUSINESS OR INDUSTRY: trucking
11. BIRTHPLACE (City and State or Foreign Country): Bell City, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John W. Rector
13b. MOTHER'S MAIDEN NAME: Ada Thrower
14. NAME OF HUSBAND OR WIFE: Lucy Bell Rector

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 491 16 2137
17. INFORMANT'S SIGNATURE OR NAME: Lucy Bell Rector, Cape Girardeau, Mo
ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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.): U. S. highway #61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ste Genevieve Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 4 1955 - 6:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto Collision

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 6:45 P m., from the causes and on the date stated above.*

23a. SIGNATURE: Jerome L. Stauder (Degree or title): Coroner
23b. ADDRESS: Ste Genevieve Mo
23c. DATE SIGNED: 2-11-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-7-55
24c. NAME OF CEMETERY OR CREMATORY: Morgan Memorial Park
24d. LOCATION (City, town, or county) (State): Advance, Missouri

DATE REC'D BY LOCAL REG.: 2-12-55
REGISTRAR'S SIGNATURE: Lucille Barler
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm. H. Morgan, Advance, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo R. Gadwe

Licensed Embalmer No. 40

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.