

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11289

FILED APR 27 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 5-8 PRIMARY REG. DIST. NO. 5-216 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter 0180</u>	
b. CITY OR TOWN <u>Pike 1</u>		c. CITY OR TOWN <u>Pike Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beal Rt. VAN BUREN</u>		f. STREET ADDRESS (If rural, give location) <u>Beal Rt. VAN BUREN, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>STERLING</u> b. (Middle) <u>PRICE</u> c. (Last) <u>RECTOR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11, 1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 28, 1899</u>	9. AGE (In years last birthday) <u>55</u> <u>10</u> <u>13</u> <u>Hours</u> <u>Min.</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>SHANNON COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>William Rector</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH COWIN</u>		14. NAME OF HUSBAND OR WIFE <u>Delia Rector</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Delia Rector, VAN BUREN, MO</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (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.		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 <u>493X</u>				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)	
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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 Lead on Arrival, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:40 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Colman M. Spradlin</u> (Degree or title)		23b. ADDRESS <u>Van Buren, Mo</u>		23c. DATE SIGNED <u>4-11-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>House Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>April 25-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u> 50-0		25. GENERAL DIRECTOR'S SIGNATURE <u>Colman M. Spradlin</u>		ADDRESS <u>Van Buren, Mo.</u>	
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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.....
Signature of Student Embalmer

Signed *Allen C. McArthur*

Licensed Embalmer No. *454*

P. O. Address *Van Buren*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.