

No. 300
10.48

FILED JUL 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21585**
Registrar's No. **177**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **444**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Reinick	c. LENGTH OF STAY (In this place) 9 years	c. CITY OR TOWN Reinick	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION None		e. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print) a. (First) VIVIAN b. (Middle) FAY c. (Last) RECTOR		4. DATE OF DEATH (Month) (Day) (Year) June-26-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-1-1899
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Randolph Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William B. Garwin	
13b. MOTHER'S MAIDEN NAME Lucy E. Mason		14. NAME OF HUSBAND OR WIFE Hartman Rector	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Hartman Rector		ADDRESS Moberly, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanocarcinoma INTERVAL BETWEEN ONSET AND DEATH 6 yrs ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. 191x			
19a. DATE OF OPERATION 1950		19b. MAJOR FINDINGS OF OPERATION Melanocarcinoma Skin Rt Shoulder	
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, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? June 26			
22. I hereby certify that I attended the deceased from Apr 1950 to Apr 1956 , that I last saw the deceased alive on Nov 29, 1955 , and that death occurred at 2:50 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. Hawley & Co		23b. ADDRESS Moberly, Mo.	
23c. DATE SIGNED 27 June		24a. BURIAL, CREMATION OR REMOVAL (Specify) Burial	
24b. DATE June 28-1956		24c. NAME OF CEMETERY OR CREMATORY New Hope	
24d. LOCATION (City, town, or county) (State) East of Reinick Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Cater, Funeral Home Moberly Mo.	
25. ADDRESS Moberly, Mo.		26. DATE SIGNED 6/28/56	

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..... *R. M. Carter*

Licensed Embalmer No. *411*

P. O. Address *Proberly*

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.