

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23473

FILED JUL 23 1956

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 88

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <u>Bethany</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>rural</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Memorial</u> | | Length of stay in lb <u>8</u> days | d. STREET ADDRESS (If outside, give location) <u>Bogle Township</u> |
| | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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|--|---------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Claude</u> Last <u>Rector</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1956</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov 12 1879</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>C, B, & Q R.R.</u> | 11. BIRTHPLACE (City and state or country) <u>Atchinson Co. Kan.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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|--|--|--|--|
| 13. FATHER'S NAME <u>James Rector</u> | | 14. MOTHER'S MAIDEN NAME <u>Phoebe Ann Foulke</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT Address <u>Edwin Rector Prewitt, New Mexico</u> |

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|---|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage -</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

| | | |
|---|---|--|
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>331X</u> | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. p. m. | | |

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|---|---|--|------------------------------------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Bethany Mo.</u> | COUNTY <u>Missouri</u> | STATE |
| 21. I attended the deceased from <u>July 8, 1956</u> to <u>July 13, 1956</u> and last saw ^{him} <u>him</u> alive on <u>July 14, 1956</u> . Death occurred at <u>2:20</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE <u>Miriam Pearson</u> | | 22b. ADDRESS <u>Bethany Mo.</u> | 22c. DATE SIGNED <u>7/16/56</u> | |

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|--|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>July 18 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ashland</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks Albany Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>July 16 - 56</u> | 26. REGISTRAR'S SIGNATURE <u>Zola Burvie</u> |

(Licensed Embalmer's Statement on Reverse Side)

-USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I. must be casually related. Coroner cannot certify to cause of death.

2151

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifford Brooks.....

Licensed Embalmer No...32

P. O. Address Albany, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.