

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017282

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. \_\_\_\_\_

25

Primary Registration District No. \_\_\_\_\_

4036

Registrar's No. \_\_\_\_\_

18

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Bates</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Bates</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rich Hill</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Rich Hill</i> 0670		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>218 W. Maple</i>			Length of stay in 1b <i>70 yrs.</i>		d. STREET ADDRESS (If outside, give location) <i>218 W. Maple</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Charles</i> Middle <i>W.</i> Last <i>Rector</i>				4. DATE OF DEATH Month <i>June</i> Day <i>4</i> Year <i>1958</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>9-21-1865</i>		9. AGE (In years last birthday) <i>92</i>	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) <i>Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and state or country) <i>Saline Co., Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13a. FATHER'S NAME <i>Charles Rector</i>			13b. MOTHER'S MAIDEN NAME <i>America Ann - Betty</i>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>			16. SOCIAL SECURITY NO. <i>No.</i>		17. INFORMANT Address <i>Mrs. Vio Barnett Butler, Mo.</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i>							INTERVAL BETWEEN ONSET AND DEATH <i>10 Days</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Generalized Peritonitis</i>							<i>10 Days</i>		
DUE TO (c) <i>Blockage (Fecal Lith in Rectum)</i>							<i>3 mos</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>5704</i>							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.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____									
20d. INJURY OCCURRED WHILE AT <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		COUNTY		STATE	
21. I attended the deceased from <i>Oct. 1952</i> to <i>June 4, 1958</i> and last saw <sup>her</sup> <sub>him</sub> alive on <i>June 4, 1958</i> Death occurred at <i>5 A.</i> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Thomas F. Boyd D.D.</i>				22b. ADDRESS <i>Rich Hill, Mo.</i>				22c. DATE SIGNED <i>6-4-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6-6-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Ridge Cem.</i>			23d. LOCATION (City, town, or county) <i>Bates Co. Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Culver-Underwood</i>			ADDRESS <i>Butler, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-10-'58</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Edna Douglas</i>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert G. Stairland* .....

Licensed Embalmer No. *4657* .....

P. O. Address. *Burton, MD*

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.