

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11958

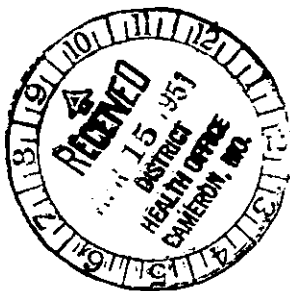
Registrar's No. 33

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY <b>Clinton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cameron</b>				c. LENGTH OF STAY (In this place) <b>5 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cameron Community Hosp.</b>				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville</b>			
				f. STREET ADDRESS (If rural, give location) <b>1</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JOHN</b>		b. (Middle) <b>WESLEY</b>		c. (Last) <b>HECTOR</b>	
4. DATE OF DEATH		(Month) <b>Apr.</b>		(Day) <b>7</b>		(Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Mar. 10 1885</b>		9. AGE (In years last birthday) <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brick Mason</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maysville Mo. (Rural)</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>James Hector</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>Addie Hector</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-10-3707</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Addie Hector, Maysville Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Stroke</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Stroke by Automobile</b>  DUE TO (c) <b>Stroke</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>  <b>68124</b>  <b>25</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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.) <b>Osborn Junction</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Osborn De Kalb Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>4 7 51 1951</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Ran across highway struck by Car</b>			
22. I hereby certify that I attended the deceased from <b>4-7</b> , 1951, to <b>4-7</b> , 1951, that I last saw the deceased alive on <b>4-7</b> , 1951, and that death occurred at <b>1:55 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. W. Moser</b> (Degree or title)				23b. ADDRESS <b>Cameron Mo</b>		23c. DATE SIGNED <b>4-9-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-7-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Maysville Mo</b>	
DATE REC'D BY LOCAL REG. <b>4-11-51</b>		REGISTRAR'S SIGNATURE <b>Winifred W. Moser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>PILCHER FUNERAL HOME</b> ADDRESS <b>MAYSVILLE MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0251

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. T. Wilcher

Licensed Embalmer No. 3960

P. O. Address Mayssville Mo.

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