

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14174

State File No. \_\_\_\_\_

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
\_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 yr. 9 Mo. years, months or days)

3. (a) PRINT FULL NAME Mattie Samuel Tate 300

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 24, 1864  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>65</u>	<u>4 3</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Callaway County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Missionary

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Calvin Tate 9

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Peyton  
(City, town, or county) (State or foreign country)

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert Miller

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof 4/15/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton, Mo.

18. (a) Signature of funeral director Earl E. Parks

(b) Address Mexico, Mo.

19. (a) April 14 1940 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 615 S. Olive St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th  
year 1940 hour 11:00 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 5, 1939 to April 12, 1940  
that I last saw her alive on April 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocarditis - Senile dementia Duration \_\_\_\_\_

Due to Senility & arterial changes

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No autopsy

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 23

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Harrison (M. D. or other) \_\_\_\_\_

Address 1109 Monroe Mexico Date signed 4-13-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.**