

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18809

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>211</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>1 24 hrs.</u>		c. CITY OR TOWN <u>Rural 9 mile SW</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8 mi S W - Muncula Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u>		b. (Middle) _____		c. (Last) <u>TATE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1-18-1896</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Muncula Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Jefferson Tate</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hays</u>		14. NAME OF HUSBAND OR WIFE <u>Howard Tate</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Tate</u> ADDRESS <u>Muncula Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive 2° Burns of body</u> ANTECEDENT CAUSES <u>+ Extensive (accidental)</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>+ 24 hours</u> <u>E 9160</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Callaway, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 16, 1949 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>threw kerosene on fire</u>			
22. I hereby certify that I attended the deceased from <u>6/16, 1949</u> , to <u>6/17, 1949</u> , that I last saw the deceased alive on <u>6/17, 1949</u> , and that death occurred at <u>5:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Nancy D. D.C.</u>				23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>6/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mantipony City C.</u>		24d. LOCATION (City, town, or county) (State) <u>Mantipony City Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 20-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Chris Kirk</u>		ADDRESS <u>Mantipony Mo</u>	

RECEIVED JUN 27 1949
District Health Officer No. 9,
District File Number

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 me, The
17th day of June 1949 Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

C. W. Hopkins
Signed C. W. Hopkins
Licensed Embalmer No. 1487
P. O. Address Montgomery City, 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 this body is not embalmed, fact should be so stated above.