

FILED OCT 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31185

State File No.

BIRTH NO. 59395-49 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: evidence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>2</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		75 3
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Sale Memorial Hos.</u>			d. STREET ADDRESS (If rural, give location) <u>325 So Jefferson</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>		b. (Middle) <u>Son</u>	c. (Last) <u>Pate</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 17, 1949</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Neosho, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John U. Pate</u>		13b. MOTHER'S MAIDEN NAME <u>Verla May Price</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John U. Pate</u>		ADDRESS <u>Neosho</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelctasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature</u>		
			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>7/6/25</u>
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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>WEL</u>		
22. I hereby certify that I attended the deceased from <u>Sept 17, 1949</u> , to <u>Sept 17, 1949</u> , that I last saw the deceased alive on <u>Sept 17, 1949</u> , and that death occurred at <u>9:35 PM</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Harold C. Lenthorn D.O.</u>			23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>Sept 19, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dice Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1 1/2 W of Fairview Mo</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Arwin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CLARK-Bigham Mort. Neosho</u>	

RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT
District File Number 949-165
Date Filed OCT 1 1949

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.....

NOT EMBALMED Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed R. Ly-White
Licensed Embalmer No. 4240
P. O. Address NEOSHO, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to copy the above constitutes grounds for revocation of license.)

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