

FILED JUL 12 1950 STANDARD CERTIFICATE OF DEATH

State File No. 19265  
122

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY OR TOWN <b>MEXICO</b>	c. LENGTH OF STAY (In this place) <b>22 yrs</b>	c. CITY OR TOWN <b>MEXICO</b>	0042
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1701 N. OLIVE</b>		d. STREET ADDRESS (If rural, give location) <b>1401 N. OLIVE</b>	

3. NAME OF DECEASED (Type or Print) **THOMAS N. TATE**

a. (First) **THOMAS** b. (Middle) **N.** c. (Last) **TATE**

4. DATE OF DEATH (Month) (Day) (Year) **June 23 1950**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **11-25-1874** 9. AGE (In years last birthday) **76**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CARPENTER** 10b. KIND OF BUSINESS OR INDUSTRY **BUILDING** 11. BIRTHPLACE (State or foreign country) **Callaway County, Mo** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **TAYLOR TATE** 13b. MOTHER'S MAIDEN NAME **SUSAN O. ROCKETT** 14. NAME OF HUSBAND OR WIFE **MARBU BARKER TATE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **Mary Tate** ADDRESS **Mexico, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Uremia** INTERVAL BETWEEN ONSET AND DEATH **1 week**

ANTECEDENT CAUSES **Chronic interstitial nephritis 5 years**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Chronic interstitial nephritis**

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS **50/20**  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Nov 1, 1950**, to **June 23, 1950**, that I last saw the deceased alive on **June 22, 1950**, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **R. H. Lawrence** (Degree or title) **MD** 23b. ADDRESS **Mexico Mo** 23c. DATE SIGNED **6-26-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **6-24-50** 24c. NAME OF CEMETERY OR CREMATORY **Antioch Cemetery** 24d. LOCATION (City, town, or county) (State) **Callaway County, Mo**

DATE REC'D BY LOCAL REG. **June 24-1950** REGISTRAR'S SIGNATURE **Blanche Neely** 25. FUNERAL DIRECTOR'S SIGNATURE **Blanche Neely** ADDRESS \_\_\_\_\_

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

No. 300  
10.48

RECEIVED JUL 5 1950  
District Health Officer No. 10  
District File Number 7-50-10 P. 2  
Date Filed JUL 11 1950

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

Richard Y. McDonald

working under my personal supervision.

Student Embalmer No. 372

Signed Richard Y. McDonald  
Student Embalmer

Signed W. H. Arnold

Licensed Embalmer No. 3569

P. O. Address W. H. Arnold

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.