

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

43945

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6200 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morris</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morris</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>JESSE</u>		b. (Middle) <u>C.</u>	
c. (Last) <u>TATE</u>		Date: <u>Dec 21, 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 16, 1861</u>
9. AGE (In years last birthday) <u>89</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>HARTVILLE, MO</u>	
13a. FATHER'S NAME <u>ALLEN TATE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH NANCE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME <u>ALVIN TATE</u> ADDRESS <u>Cabool Mo</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>old age</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS 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 <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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>viewed body 12/20, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:35 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. A. Ryan</u> (Degree or title) <u>md</u>		23b. ADDRESS <u>mtn grove mo</u>	
23c. DATE SIGNED <u>12-21-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-23-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Watts</u>	24d. LOCATION (City, town, or county) (State) <u>Huggins MO</u>
DATE REC'D BY LOCAL REG. <u>1-12-51</u>	REGISTRAR'S SIGNATURE <u>Gagnell Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Windle</u> ADDRESS <u>mtn grove mo</u>	

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 15 1951

Dist. File 151-118

Date Filed 1-15-51

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank Gable

Licensed Embalmer No. 4140

P. O. Address Mtn Grove, 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.