

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **467**
Registrar's No. **8**

FILED JAN 12 1953

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON TWP. 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hosp.		d. STREET ADDRESS (If rural, give location) Route 6, FULTON Mo	
3. NAME OF DECEASED (Type or Print) a. (First) LATTIE b. (Middle) MAY TATE c. (Last) DUTTON			4. DATE OF DEATH (Month) (Day) (Year) JAN 5 1953
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 12, 1879
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME W.O. TATE		13b. MOTHER'S MAIDEN NAME NANCY E. LANE	14. NAME OF HUSBAND OR WIFE JOHN DUTTON
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. No	17. INFORMANT'S SIGNATURE OR NAME John Dutton ADDRESS RT 6 Fulton Mo
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Uterus - Via Metastasis ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Terminal Br. Pneumonia 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10/23/52 to 1/5, 1953 that I last saw the deceased alive on 1/5, 1953 and that death occurred at 8:27A m. , from the causes and on the date stated above.			
23a. SIGNATURE George F Wood MD (Degree or title)		23b. ADDRESS Fulton Mo	23c. DATE SIGNED 1/7/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Mem Garden	24d. LOCATION (City, town, or county) (State) FULTON MO
DATE REC'D BY LOCAL REG. Jan. 10 - 1953	REGISTRAR'S SIGNATURE Martha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Maurice Funeral Home ADDRESS Fulton	

(Licensed Embalmer's Statement on Reverse Side)

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

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VS DEC 4 1959

SEP 5 1959

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 *J. C. Ross*

Licensed Embalmer No. 2555

P. O. Address *Huller 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.