

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18720

LED MAY 21 1953

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 186

44
0
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANNIBAL</u> <u>0644</u>	
c. LENGTH OF STAY (In this place) <u>1 MO.</u>		d. STREET ADDRESS (If rural, give location) <u>307A S. MAIN ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WM.</u> b. (Middle) <u>FRANK</u> c. (Last) <u>TATE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-11-1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC 6, 1884</u>		9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE FOR THEATER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>FAL MYRA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>JACOB TATE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH TATE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MENA TATE</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>Mrs Mena Tate - Hannibal Mo</u> ADDRESS	

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>Coronary artery occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Chronic Congestive Heart Failure</u>		<u>1 week</u>	
		DUE TO (c) <u>Arterial Hypertension</u>		<u>1 yr</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Urinary obstruction</u>		<u>30 days</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy of Prostate 4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from 4-11, 1953 to 5-11, 1953, that I last saw the deceased alive on 5-10, 1953, and that death occurred at 5:40 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>5-11-53</u>	
---	--	---------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>LANNIBAL, MO</u>	

DATE REC'D BY LOCAL REG. <u>5-14-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS	
---	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 18 1953
MARION CO. HEALTH DEPT.
DATE FILED MAY 18 1953

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 Ralph C. Clark

Licensed Embalmer No. 4717

P. O. Address Lanfield, 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.