

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12955**

FILED APR 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **89**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>	c. LENGTH OF STAY (in this place) <b>50 years</b>	c. CITY OR TOWN <b>Moberly</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>218 Bedford</b>		STREET ADDRESS (If rural, give location) <b>218 Bedford 0883</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>WILLIAM</b>	c. (Last) <b>TATE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April-14-1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct-7-1865</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Book Binder</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Yorkshire England</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Joseph Tate</b>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Fannie Elizabeth Tate</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-40-2397</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fannie Elizabeth Tate</b>	ADDRESS <b>Moberly Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>	INTERVAL BETWEEN ONSET AND DEATH <b>10 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
	DUE TO (b) _____	
	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 <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Mar 31 1955**, to **April 14 1955**, that I last saw the deceased alive on **April 13 1955**, and that death occurred at **9:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carroll C. Jones</b> (Degree or title) <b>W.D.</b>	23b. ADDRESS <b>317 Virginia, Moberly Mo</b>	23c. DATE SIGNED <b>April 15 1955</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>April-17-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Moberly Missouri</b>
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DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <b>4-17-55</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cater Funeral Home</b> ADDRESS <b>Moberly Mo.</b>
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979 57 105

MAY 24 1958

FEB 25 1959

AUG 19 1958

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.....  
Signature of Student Embalmer

Signed *R.M. Cater*.....

Licensed Embalmer No. *4711*  
P. O. Address *Moherly*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.