No. 500
10.48

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

FILED SEP 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29768

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (in this place): 2 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Vincents Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Lawrence
c. CITY OR TOWN: Pierce City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 702 Walnut 055 1

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) Naomi c. (Last) Tate

4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8-18-1884

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: _____

11. BIRTHPLACE (City and State or Foreign Country): Purdy Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Ora Tate (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Don Tate — ADDRESS: RR2 Pierce City, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Cirrhosis (Parenchymal) — INTERVAL BETWEEN ONSET AND DEATH: 8 Mo.

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 (1) Chr nephritis (2) Brucellosis — 6 Mo 5 yrs

Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION: _____

19b. MAJOR FINDINGS OF OPERATION: 5810

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) m.

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 Dec. 1948, to Aug 31, 1956, that I last saw the deceased alive on 8-30, 1956, and that death occurred at 1:00 m., from the causes and on the date stated above.

23a. SIGNATURE: Kenneth Glover MD — (Degree or title) — **23b. ADDRESS:** Shell Knob, Mo — **23c. DATE SIGNED:** 9/1/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 9-2-1956

24c. NAME OF CEMETERY OR CREMATORY: City Cemetery

24d. LOCATION (City, town, or county) (State): Pierce City, Mo

DATE REC'D BY LOCAL REG.: 9-10-56

REGISTRAR'S SIGNATURE: Mrs. P. N. Cook

25. FUNERAL DIRECTOR'S SIGNATURE: Wm J Wessell — ADDRESS: Pierce City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 956 - 158

DATE REC. 9-17-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ...me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. Gordon Bennett.....

Licensed Embalmer No 4213

P. O. Address monett, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.