

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36869**

FILED OCT 22 1956

BIRTH NO. _____		REG. DIST. NO. <b>375</b>		PRIMARY REG. DIST. NO. <b>6284</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Wright</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lynchburg-Rural-Montgomery</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lynchburg-rural-Montgomery Twp</b>			
c. LENGTH OF STAY (In this place) <b>life</b>				d. STREET ADDRESS (If rural, give location) <b>Lynchburg--Route 1--Star <sup>1140</sup></b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lynchburg--Star Route--</b>				d. STREET ADDRESS (If rural, give location) <b>Lynchburg--Route 1--Star <sup>1140</sup></b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b>			b. (Middle) <b>----</b>			c. (Last) <b>Tate</b>	
4. DATE OF DEATH <b>September 13, 1956</b>		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>February 23, 1884</b>		9. AGE (In years last birthday) <b>72</b>		10. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>Bendavis, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Nervel Tate</b>		13b. MOTHER'S MAIDEN NAME <b>Tennessee Rayboon</b>		14. NAME OF HUSBAND OR WIFE <b>Linda Mings Tate</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Linda Tate, Lynchburg, Missouri</b>			
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) <b>Cerebral Vascular Accident</b>  ANTECEDENT CAUSES <b>Severe</b> DUE TO (b) <b>Hypertensive Arteriosclerosis</b> <b>Degenerative Heart Disease grade</b> DUE TO (c) <b>III</b>  II. OTHER SIGNIFICANT CONDITIONS <b>Prostatism &amp; Urinary tract obstruction &amp; uremia</b>				INTERVAL BETWEEN ONSET AND 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) <b>4200</b>			
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 <b>Feb 8</b> , 1950, to <b>9/13</b> , 1956, that I last saw the deceased alive on <b>9/12</b> , 1956, and that death occurred at <b>2:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. J. Burns</b>				23b. ADDRESS <b>Houston, Mo</b>		23c. DATE SIGNED <b>9/15/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/16/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dutch Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Wright County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-22-56</b>		REGISTRAR'S SIGNATURE <b>Lyde A. Bridges</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. W. Barber - The Home, Missouri</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*George Stapp*

Licensed Embalmer No. \_\_\_\_\_

*FL 61*

P. O. Address \_\_\_\_\_

*Wm. Snow, Me.*

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.