

Health, Welfare, Public Service  
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 H7-0  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All information there-in must be used only when necessary. If no symptoms are listed, the cause of death must be ascertained from the medical records. If the cause of death is not ascertained, the cause of death must be listed as "Cause of death not ascertained".

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5689

FILED FEB 27 1957

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 3050 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Demiseot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseot</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Caruthersville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hayti Heights</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dr. Cook Clinic</u>			Length of stay in lb <u>30 min</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Tempe</u> Middle <u>Tate</u> Last <u>Tate</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>6</u> Year <u>1957</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 1900</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Minutes <u>0</u>	10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Canon Lake Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</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 <u>Doc Tate</u>			Address <u>Hayti, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 min.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u>							undeter.		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>						
20c. TIME OF INJURY Hour <u>10:55</u> Month <u>Feb</u> Day <u>6</u> Year <u>1957</u> a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Hayti, Mo</u>		COUNTY		STATE	
21. I attended the deceased from <u>6 Feb 1957</u> to <u>6 Feb 1957</u> and last saw her alive on <u>6 Feb 1957</u> Death occurred at <u>10:55</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Dr. Cook</u> (Degree or title)				22b. ADDRESS <u>Caruthersville Mo</u>		22c. DATE SIGNED <u>14 Feb 57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-10-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>County Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hayti, Mo Rural</u>				
24. FUNERAL DIRECTOR <u>John H. German</u>			ADDRESS <u>Hayti, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 15, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Lucille B. Wilke</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2-33-57

FEB 25 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *John St. German*

Licensed Embalmer No. *430*

P. O. Address *Hayti, D.*

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