

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006472

STATE FILE NUMBER

FILED FEB 19 1958

Registration District No. 209 Primary Registration District No. 5761 Registrar's No. 7

300
-57

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adaptation) a. STATE Missouri b. COUNTY Montgomery CO		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Palmyra		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maple Lawn Rest Home		Length of stay in 1b 3 yrs	d. STREET ADDRESS (If outside, give location) 2720		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Edgar Lee Tate			4. DATE OF DEATH Month Day Year Feb. 13 1958		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 23 1876		9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Portland Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Tate		13b. MOTHER'S MAIDEN NAME Martha Cole		14. NAME OF HUSBAND OR WIFE Arlena Tate	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Jewell Kisor 1010 Valley St. Hannibal, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Senile Dementia					INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 8:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. M. Luske, M.D.		22b. ADDRESS Hannibal, Mo		22c. DATE SIGNED 2-13-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Feb. 14, 1958		23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	
				23d. LOCATION (City, town, or county) (State) Frankford, Mo	
24. FUNERAL DIRECTOR J. E. Megowan		ADDRESS		25. DATE RECD. BY LOCAL REG. 2-13-58	
				26. REGISTRAR'S SIGNATURE By Viola Green, Deputy	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED FEB 10 1958
MARION CO. HEALTH DEPT.
DATE FILED FEB 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 *John Fries Megaw*

Licensed Embalmer No. *4093*
P. O. Address *Frankfort*

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.