

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018551
STATE FILE NUMBER
2459

FILED MAY 29 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2459

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Goshland 6000</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Osteopathic Hosp</i> Length of stay in 1b <i>2 Wks</i>		d. STREET ADDRESS (If outside, give location) <i>Rt 1</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>W</i> Last <i>Tate</i>			4. DATE OF DEATH Month <i>May</i> Day <i>12</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 30, 1893</i>		9. AGE (In years last birthday) <i>64</i> IF UNDER 1 YEAR: Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i> IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pullman Conductor</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Kansas City Mo</i>	
13a. FATHER'S NAME <i>William John Tate</i>		13b. MOTHER'S MAIDEN NAME <i>Oley May De Graw</i>		14. NAME OF HUSBAND OR WIFE <i>Anna Tate</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, yes or unknown) (If yes, give war or dates of service) <i>yes WW1</i>		16. SOCIAL SECURITY NO. <i>495-05-8152</i>		17. INFORMANT Address <i>Mrs Anna Tate Goshland Mo</i>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Massive Gastrointestinal hemorrhage</i> DUE TO (b) <i>destructive atelectasis of rt. lung and</i> DUE TO (c) <i>Duodenal ulcer - hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>11 hr.</i> <i>5410H</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hemorrhagic Pancreatitis + Pancreatic Ca.</i>			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 <i>9:55</i> Month <i>5</i> Day <i>26</i> Year <i>1958</i> a.m. <i>5</i> 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 COUNTY STATE	

21. I attended the deceased from *April 26, 1958* to *May 12, 1958* and last saw him alive on *May 13, 1958*. Death occurred at *9:55 a.m.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Bernes James MD</i>		22b. ADDRESS <i>226 E. 11th K.C., Mo.</i>		22c. DATE SIGNED <i>5-13-58</i>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 15-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>White Chapel</i>		23d. LOCATION (City, town, or county) (State) <i>Clay Co Mo</i>	
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24. FUNERAL DIRECTOR <i>D. W. Newton</i>		ADDRESS <i>N. K. C. Mo</i>		25. DATE RECD. BY LOCAL REG. <i>5-14-58</i>		26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>	
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(Licensed Embalmer's Statement on Reverse Side)

Verner J. Ames USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

SEP 10 1958

MAR 11 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 *Glen H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *R. C. 16, Jinx*

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.