

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031929
STATE FILE NUMBER

FILED OCT 6 1958

Registration District No. 43 Primary Registration District No. _____ Registrar's No. 557

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Poplar Bluff</u> <u>0124</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		Length of stay in lb <u>8 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>305 North "B" St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Jack</u> Middle <u>Dennis</u> Last <u>Tate</u>			4. DATE OF DEATH Month <u>9</u> Day <u>15</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-12-1881</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>N. Y. C. RR.</u>		11. BIRTHPLACE (City and state or country) <u>Obion, Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Faith Tate</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>Kathleen Tate</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>			
16. SOCIAL SECURITY NO. <u>489-12-0960</u>		17. INFORMANT Address <u>Kathleen Tate, Poplar Bluff, 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>Cardiac decompensation</u> DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Renal nephrosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>			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 <u>June 1954</u> to <u>Sept 15, 1958</u> and last saw ^{her} him alive on <u>Sept 15, 1957</u> Death occurred at <u>11:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. D. [Signature]</u> (Deegee or title)		22b. ADDRESS <u>Poplar Bluff, Missouri</u>		22c. DATE SIGNED <u>9-21-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9-15-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	
23d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Greer Croy & Fitch, Poplar Bluff, Mo.</u>			
25. DATE RECD. BY LOCAL REG. <u>9/27/58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

OCT 3 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

OCT 6 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 Ray P. Adams

Licensed Embalmer No. 4928

P. O. Address Payson Blvd

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.