

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037007  
STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 13 Primary Registration District No. 4276 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pierce City</b>		c. CITY OR TOWN <b>Pierce City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>055 Rfd 1</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Fred Grant Tate</b>		4. DATE OF DEATH Month Day Year <b>10 10 1958</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5/10/1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>Construction War</b>		11. BIRTHPLACE (City and state or country) <b>Pierce City, Mo</b>	
13a. FATHER'S NAME <b>William Tate</b>		14. NAME OF HUSBAND OR WIFE <b>Nancy Lamb</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>		17. INFORMANT Address <b>Lloyd Tate Pierce City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fractures</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>being struck by car</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)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <b>Struck by Car on East</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>4:30 a.m. 10-10-58</b>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Commercial St 055</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Pierce City Lawrence Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw him or her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edwin Wilba (Coroner)</b>		22b. ADDRESS <b>Pierce City Mo</b>	
22c. DATE SIGNED <b>10-25-1958</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/13/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Pierce City, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Wm. J. Wessell Pierce City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>10-25-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs P. N. Cook</b>

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1058-214

DATE REC. 10-30-58

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 M. H. ... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed R. Gordon ...

Licensed Embalmer No. 4215 .....

P. O. Address ... ..

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.