

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002330
STATE FILE NUMBER

RECEIVED FEB 4 1959 Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Little Prairie		c. CITY OR TOWN Little Prairie Twp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If outside, give location) 8 mi West C'ville, Mo	
Length of stay in lb 20yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Mary Agnes Swinney Pate			4. DATE OF DEATH Month Day Year Jan. 13 1959		
--------------------------------------------------------------------------------------------	--	--	-----------------------------------------------------------	--	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 5 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 1 Days 8	IF UNDER 24 HRS. Hours 5 Min. 15
--------------------	------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------	----------------------------------------------	--------------------------------------------------	---------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Pemiscot County Mo. U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------	---------------------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME John A. Bigham	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Steve Pate
---------------------------------------------	---------------------------------------------	--------------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. XXXXXXXXXX	17. INFORMANT Address
-----------------------------------------------------------------------------------------------------------	--------------------------------------------------	--------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Accelerated Coronary Artery Disease DUE TO (b) acute DUE TO (c) HT		INTERVAL BETWEEN ONSET AND DEATH 5 1/2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4 201		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 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 Sept. 1956 to Jan 13 1959 and last saw her alive on Jan 13, 1959 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) Carrie M. S.	22b. ADDRESS Cynthsville Mo	22c. DATE SIGNED 1/20/59
---------------------------------------------------------	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-16-1959	23c. NAME OF CEMETERY OR CREMATORY Mc Tresevant	23d. LOCATION (City, town, or county) (State) Tresvant, Tenn
-------------------------------------------------------------	-------------------------------	-----------------------------------------------------------	------------------------------------------------------------------------

24. FUNERAL DIRECTOR LaForge Und. Co. C8V, 11e, Mo	25. DATE RECD. BY LOCAL REG. 1-22-1959	26. REGISTRAR'S SIGNATURE Jessie B. Wilke
--------------------------------------------------------------	--------------------------------------------------	-----------------------------------------------------

Health, Welfare Public Office
 C. F. Cain, M.D.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 All diseases in Part I must be causally related.

FEB 2 1969

CAROLINEVILLE, MO.

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 *Noel C Deau*

Licensed Embalmer No. *3941*
P. O. Address *Carrollton*

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.