

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005021

FILED MAR 10 1959 Registration District No. 107 Primary Registration District No. 3014 STATE FILE NUMBER Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kennett Mo.</b> <sup>c 3520</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Memorial Hospital</b>		Length of stay in lb <b>Life</b>	d. STREET ADDRESS (If outside, give location) <b>Gen. Del.</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Marshall</b> Middle <b>Lee</b> Last <b>Pate</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>9</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 29 1957</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>10</b>	IF UNDER 24 HRS Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XX</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>XX</b>	11. BIRTHPLACE (City and state or country) <b>Kennett Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Marshall Pate</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Blades</b>	14. NAME OF HUSBAND OR WIFE <b>XX</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Marshall Pate</b>	Address <b>Kennett Mo.</b>
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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) <b>Acute Sepsis secondary to</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8727</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Chlat. Bronchopneumonia.</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? <b>1 YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>	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 <b>C35</b>	COUNTY <b></b> STATE <b></b>
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21. I attended the deceased from <b>2:30 A.M. Feb. 9, 59</b> to <b>11:00 A.M. 2-9-59</b> and last saw her alive on <b>11:00 A.M. Feb. 9, 1959</b> Death occurred <b>11:00 A.M. 2-9-59</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Carl Husband</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Kennett Mo.</b>	22c. DATE SIGNED <b>3-2-59</b>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>Burial</b>	23b. DATE <b>2-10-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kennett</b>	(State) <b>Mo.</b>
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24. FUNERAL DIRECTOR <b>Lentz Service</b>	ADDRESS <b>Kennett Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-4-1959</b>	26. REGISTRAR'S SIGNATURE <b>Carl Husband</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

COUNTY FILE NUMBER 359 - 75

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.

NOT EMBALMED

Student ..... Signature of Student Embalmer

Signed *Edgar Sweetland*

Licensed Embalmer No. 4433

P. O. Address Kennett No.

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.