

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005030

STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 4

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hornersville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hornersville</u> <u>6355</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hornersville</u>		Length of stay in lb <u>63 days</u>	d. STREET ADDRESS (If outside, give location) <u>Gen. Del</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>India</u> Middle <u>Tankesley</u> Last <u>Cates</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>24</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3-2 1870</u>	9. AGE (In years of birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired School Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>	11. BIRTHPLACE (City and state or country) <u>Hutchesville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas Tankesley</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Mc Cray</u>	14. NAME OF HUSBAND OR WIFE <u>William M. Cates</u>
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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.	17. INFORMANT <u>Anna Parks</u> Address <u>Hornersville, Mo.</u>
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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) <u>Heart failure</u> Interval between ONSET AND DEATH <u>2 days</u> DUE TO (b) <u>fracture and open reduction of left hip</u> Interval between ONSET AND DEATH <u>6 "</u> DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from <u>2/10/57</u> to <u>2/24/59</u> and last saw her alive on <u>2/24/59</u> Death occurred at <u>2:23</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>R F Palomake</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Hornersville, Mo.</u>	22c. DATE SIGNED <u>2/27/59</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Burial</u>	23b. DATE <u>2-26-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HORNERSVILLE</u>	23d. LOCATION (City, town, or county) (State) <u>HORNERSVILLE, Mo.</u>
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24. FUNERAL DIRECTOR <u>Cameron + Son</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>3/2/59</u>	26. REGISTRAR'S SIGNATURE <u>Aue Palomake</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

COUNTY FILE NUMBER 357-67

AUG 23 1962

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 *J. J. Emerson*

Licensed Embalmer No. 895

P. O. Address *J. J. Emerson, Alex*

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.