

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-009247

STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Mon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Mon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monroton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>5th S.W. of Leitchville</u> c. 9 th St
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hosp</u>		Length of stay in 1b <u>21 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>(If outside, give location)</u>
3. NAME OF DECEASED (Type or print) First <u>Orenda</u> Middle <u>Faye</u> Last <u>Tate</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>23</u> Year <u>59</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 22 - 59</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min.
11. BIRTHPLACE (City and state or country) <u>Monroton mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ralph Tate</u>		14. MOTHER'S MAIDEN NAME <u>Helen C. May</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Hillard May</u> 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) <u>Congenital atelectasis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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? 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.) <u>7620</u>		
20c. TIME OF INJURY Hour _____ 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 <u>Mar. 22</u> to <u>Mar. 23, 1959</u> and last saw her ^{him} alive on <u>Mar. 23, 1959</u> Death occurred at <u>1:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ben M. Bull, M.D.</u>		22b. ADDRESS <u>Monroton, Mo.</u>	22c. DATE SIGNED <u>3-27-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>3-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Reynolds-Carleton</u>	23d. LOCATION (City, town, or county) (State) <u>Reynolds mo</u>
24. FUNERAL DIRECTOR <u>Chas. L. Parrott</u>	ADDRESS <u>Ellington, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-28-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Avis Jones</u>

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Vertical text on the left edge of the page.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chas. S. Perrett*.....

Licensed Embalmer No. *4*..

P. O. Address *F. H. 1111*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.