

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018602

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 267

Primary Registration District No. 59023049

Registrar's No. 75

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 Hayti TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hayti		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Heights (south)		Length of stay in 1b 14 yrs.	d. STREET ADDRESS (If outside, give location) Hayti Heights		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Dock TATE			4. DATE OF DEATH Month May Day 9 Year 1959.		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-14-1888	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 1 Days 5 IF UNDER 24 HRS. Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Marion, Crittenden Co., Ark.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Tate		13b. MOTHER'S MAIDEN NAME Katie Smith		14. NAME OF HUSBAND OR WIFE Tempie Tate	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. *****		17. INFORMANT Address Jim Tate, Gen. Del. Hayti, Missouri.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Run over by Automobile Internal Injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					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.) Run over by Automobile			
20c. TIME OF INJURY Hour 11:30 Month 5 Day 9 Year 59 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street in Hayti Heights			
20e. CITY, TOWN, OR LOCATION Hayti, Hayti Heights, Pemiscot, Missouri.		20f. COUNTY STATE Missouri			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 11:30 PM. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James P. Laramie (Degree or title) 3			22b. ADDRESS Wards, Mo.		22c. DATE SIGNED 5-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-14-59	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) Holland, Missouri.
24. FUNERAL DIRECTOR John W. German Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 5-16-59	26. REGISTRAR'S SIGNATURE Valeria Topham		

MAY 22 1959

COURTHOUSE
CARUTHERSVILLE, MO
PHONE 79

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 *John W. Gerner*

Licensed Embalmer No. 4355.....
P. O. Address. Hayti, Missouri..

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.

72-143