

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035069

FILED VS OCT 14 1960

4944

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4944

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in lb 22 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARYS Hosp.		d. STREET ADDRESS (If outside, give location) 1533 EAST 48TH TERR.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH ETHAN TATE			4. DATE OF DEATH Month Day Year SEPT. 29 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-14-1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

9. GENERAL OF CURATION OF DECEASED (Type of service) GENERAL SUPERINTENDANT & OFFICE MANAGER		10. KIND OF BUSINESS OR INDUSTRY PETERSEN & FELL COMMISSARY CO.		11. BIRTHPLACE (City and state or country) ONTARIO, CANADA		12. CITIZEN OF WHAT COUNTRY U.S. A.	
13a. FATHER'S NAME ALEXANDER TATE			13b. MOTHER'S MAIDEN NAME MARGARET BAIRD		14. NAME OF DECEASED'S WIFE MRS. ANNETTE 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. 492-14-9963		17. INFORMANT MRS. ANNETTE TATE, KANSAS CITY, 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) CORONARY ARTERIOSCLEROSIS WITH CONGESTIVE FAILURE		INTERVAL BETWEEN ONSET AND DEATH
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) CARCINOMA PROSTATE ± METASTASES		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 a.m. p.m. Month, Day, Year	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 **1951** to **Sept 29, 1960** and last saw her **Sept 29 1960** alive on **Sept 29 1960**
Death occurred at **9.15 P.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James R. McVay M.D.	22b. ADDRESS 814 V.F.W. Bldg. KC Mo	22c. DATE SIGNED 9/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT. 1, 1960	23c. NAME OF CEMETERY RIVERDALE CEMETERY	23d. LOCATION (City, town, or county) (State) NIAGARA FALLS NEW YORK
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI	25. DATE RECD. BY LOCAL REG. 10-1-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF James R. McVay

2000 1001 101

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Harry E. Clement

Licensed Embalmer No. 4550

P. O. Address Rescue

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.