

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016663

STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 112

FILED JUN 12 1961

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> | | Length of stay in 1b <u>2 yrs.</u> | c. CITY OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>112 S. Riverview Dr.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>George Thomas Pate</u> | | | 4. DATE OF DEATH Month Day Year <u>May 25, 1961</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/17/1872</u> | 9. AGE (last birthday) <u>88</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u> | 11. BIRTHPLACE (City and state or country) <u>Murphysboro, Ill</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u> |
| 13a. FATHER'S NAME <u>Terlemon Pate</u> | | 13b. MOTHER'S MAIDEN NAME <u>Athelia EISELEIN, Bobey</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dec'd.</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. | 17. INFORMANT Address <u>Nona Eiselein, Dearborn, Mich.</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: | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Cardiac Decongestion</u> | | |
| | DUE TO (c) <u>Coronary Arteriosclerosis</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 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. 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 April 1961 to May 25, 1961 and last saw her/him alive on May 25, 1961
Death occurred at 2 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|-------------------------------|---|---|------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Marvin R. Barkman</u> | | 22b. ADDRESS <u>Poplar Bluff</u> | | 22c. DATE SIGNED <u>5-27-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>5/25/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Pate Chapel Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Murphysville, M. Ill.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Meyer-Denny Funeral Home, Murphysboro</u> | | 25. DATE RECD. BY LOCAL REG. <u>6/5/1961</u> | 26. REGISTRAR'S SIGNATURE <u>Shelma Graham</u> | |

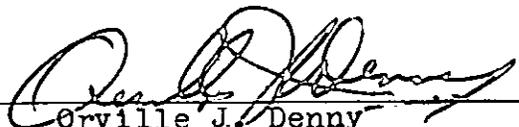
DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JUN 13 1961

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 _____ Left the state unembalmed _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Orville J. Denny
Funeral Director
Licensed Embalmer No. _____
Murphysboro, Illinois
P. O. Address _____

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.