

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035488  
STATE FILE NUMBER

AMENDED Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2632

FILED SEP 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Length of stay in 1b <u>14 HRS.</u>	c. CITY OR TOWN <u>HAZELWOOD</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>St. Louis County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7418 OLIAN DR.</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Howard</u> Middle <u>Tate</u> Last <u>Tate</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>18,</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-29-14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PHOTO GIRL COSMETIC Co.</u>	9. AGE (last birthday) <u>47</u>
11a. FATHER'S NAME <u>William P. Tate</u>		11b. MOTHER'S MAIDEN NAME <u>Effie M. Hill</u>	11. BIRTHPLACE (City and state or country) <u>Java</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>unk.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SEVERE TRAUMATO BRAIN</u>		14. NAME OF HUSBAND OR WIFE <u>Marjorie M.</u>	
DUE TO (b) <u>GUNSHOT WOUND OF SKULL</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 hrs</u>	
DUE TO (c) _____		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	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>GUNSHOT WOUND OF SKULL</u>	
20c. TIME OF INJURY <u>12:00? p.m.</u> Month, Day, Year <u>9-18-61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Hazelwood</u>	COUNTY <u>St. Louis</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>Sept. 18, 1961</u> to <u>Sept. 18, 1961</u> and last saw her/him alive on <u>Sept. 18, 1961</u> Death occurred at <u>(12:35am to) 2:55p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Charles J. Vorhes</u> (Signature or title) <u>Coroner</u>		22b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	22c. DATE SIGNED <u>9/18/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-21-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PK.</u>	23d. LOCATION (City, town, or county) (State) <u>COLUMBIA Mo.</u>
24. FUNERAL DIRECTOR <u>Erman Spruill</u> ADDRESS <u>Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-18-61</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy</u>

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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

*Lynard Sprinkle*

Licensed Embalmer No. 4013

P. O. Address Columbia,

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.