

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-041611**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 3037 Registrar's No. 115

AMENDED

**FILED DEC 6 1961**

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon</b>		Length of stay in 1b <b>3 yrs.</b>	c. CITY OR TOWN <b>Mt. Vernon</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>512 S. Vine</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>512 S. Vine</b>
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>Dickinson</b> Last <b>Tate</b>			4. DATE OF DEATH Month <b>November</b> Day <b>29</b> Year <b>1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/8/1920</b>
9. AGE (last birthday) <b>41</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ministry</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Springfield, Ill.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Frank D. Tate</b>	13b. MOTHER'S MAIDEN NAME <b>Lulu A. Harris</b>
13c. NAME OF HUSBAND OR WIFE <b>Jeannette Tate</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
7. INFORMANT <b>Jeannette Tate</b>		Address <b>Mt. Vernon, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 year<sup>8</sup></b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Kimmelstiel-Wilson syndrome (diabetes mellitus hypertension and nephritis)</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)			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
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 <b>2/27/59</b> to <b>11/29/61</b> and last saw her/him alive on <b>11/29/61</b> Death occurred at <b>10:30 a.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. J. Tate M.D.</i> (Degree or title)		22b. ADDRESS <b>Mt. Vernon, Mo</b>	22c. DATE SIGNED <b>11/30/61</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Dec. 2, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR <b>Max L. Fossett</b> ADDRESS <b>Mt. Vernon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-1-61</b>	26. REGISTRAR'S SIGNATURE <i>Ray Wynne</i>

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

