

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009180

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2136**

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 8 1963	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Length of stay in lb 41 DAYS c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY c. CITY OR TOWN ST LOUIS Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 5912 KENNERLY AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MANLEY THOMAS PATE JR.	4. DATE OF DEATH Month Day Year FEBRUARY 22 1963
5. SEX MALE 6. COLOR OR RACE NEGRO 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-11-23 9. AGE (last birthday) 40 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) BUTCHER	10b. KIND OF BUSINESS OR INDUSTRY Packing Company 11. BIRTHPLACE (City and state or country) MONTGOMERY CITY, MO. 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME MANLEY LORR PATE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) YES WW 2	13b. MOTHER'S MAIDEN NAME IVURN RICHARDS 14. NAME OF HUSBAND OR WIFE LEANNA PATE 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Address LEANNA PATE See 2 above
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANURIA - RENAL FAILURE INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSION YEARS DUE TO (c) CHRONIC GLOMERULONEPHRITIS 592X YEARS	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 VA attended the deceased from 1-12-63 to 2-22-63 and last saw her him alive on 2-22-63 Death occurred at 10:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Robert K. Denton, M.D., M.D.	22b. ADDRESS VAH, ST. LOUIS, MISSOURI 22c. DATE SIGNED 2-23-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 2-28-63 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) MONTGOMERY CITY, MISSOURI
24. FUNERAL DIRECTOR ADDRESS ELLIS FUNERAL HOME, INC. 2820 TODDARD ST.	25. DATE RECD. BY LOCAL REG. FEB 26 1963 REGISTRAR'S SIGNATURE Loed Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS 300
Rev. 4/59

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USE BLACK INK.
 OR
 TYPEWRITER RIBBON

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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 *Arthur E. Culberson*

Licensed Embalmer No. 498

P. O. Address *Blaine, Mo*

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.

0-EP