

FILED JAN 5 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39762  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY OR TOWN <b>Malden</b>		c. CITY OR TOWN <b>Malden</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>South End of City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South end of City.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Preston</b> c. (Last) <b>Tate</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-23-1948</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W. 7</b>	8. DATE OF BIRTH <b>April 2, 1860</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Timber</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois / 9 9</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harry Tate</b> ADDRESS <b>Malden, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>generalized arteriosclerosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death. <u>pneumonia edema</u></b>		

19a. DATE OF OPERATION <b>97</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 1948, to 12/23, 1948, that I last saw the deceased alive on 12/23, 1948, and that death occurred at 10 m., from the causes and on the date stated above. 17

23a. SIGNATURE (Degree or title) <b>Mrs. Bailey M.D.</b>	23b. ADDRESS <b>Malden, Mo.</b>	23c. DATE SIGNED <b>12/27/48</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 26</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Wood</b>	24d. LOCATION (City, town, or county) (State) <b>Malden, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-27-48</b>	REGISTRAR'S SIGNATURE <b>J. L. Schaeffer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Waymond Stone</b> ADDRESS <b>Malden, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

35  
33  
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RECEIVED

District Health Office No. 2,

District File Number 149-1

Date Filed 1-3-49

RECORDED

of

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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 .....

Student Embalmer

Signed

*J. W. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malden

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 this body is not embalmed, fact should be so stated above.