

FILED SEP 12 1949

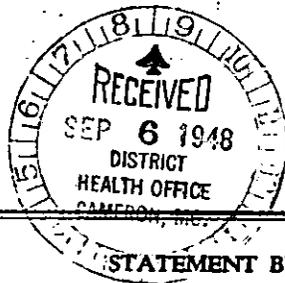
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27362

BIRTH NO. 5029549 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 119

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) a. (First) Terry b. (Middle) Lance c. (Last) Bate		4. DATE OF DEATH (Month) (Day) (Year) Aug. 27, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 26, 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 2
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) Chillicothe, Missouri	
12. CITIZEN OF WHAT COUNTRY? US		13. FATHER'S NAME Edgar E. Bate	
13b. MOTHER'S MAIDEN NAME Ilene Brennehan		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH.	
ANTECEDENT CAUSES		DUE TO (b) asphyxia at birth	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) prematurity 7 mo.	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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 8-26, 1949, to 8-27, 1949, that I last saw the deceased alive on 8-26, 1949, and that death occurred at 10:55 A.M., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Frank I. Gale		23b. ADDRESS Chillicothe, Mo.	
23c. DATE SIGNED 8-27-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 8-27-49		24c. NAME OF CEMETERY OR CREMATORY Wheeling	
24d. LOCATION (City, town, or county) (State) Wheeling, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home; Chillicothe, Mo.	
DATE REC'D BY LOCAL REG. 8/27/49		REGISTRAR'S SIGNATURE Frances B. Neill	



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 Ethan J. Raman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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 this body is not embalmed, fact should be so stated above.