

FILED DEC 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. **36933**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1033

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (in this place) 32 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,	d. STREET ADDRESS (If rural, give location) 2245 N. Concord
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Clyde	b. (Middle) A.	c. (Last) Pate	4. DATE OF DEATH (Month) (Day) (Year) Nov. 25, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1385	9. AGE (In years last birthday) 64	if UNDER 1 YEAR Months 3	if UNDER 1 YEAR Days 24	if UNDER 1 HRS. Hours 	if UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Holton, Kansas	12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Athoal Pate	13b. MOTHER'S MAIDEN NAME Sue Quick	14. NAME OF HUSBAND OR WIFE Mrs. Ruth Pate
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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) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. A. Pate	ADDRESS Springfield, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia bilateral		INTERVAL BETWEEN ONSET AND DEATH Nov 20 1949
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture neck of femur non union		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Oct 28 1949	19b. MAJOR FINDINGS OF OPERATION aseptic necrosis of head of neck of femur	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Springfield Greene MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1949 m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall

22. I hereby certify that I attended the deceased from **Oct 23, 1949**, to **Nov 25, 1949**, that I last saw the deceased alive on **Nov 24, 1949**, and that death occurred, at **6:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Daniel L. Yancey M.D.	23b. ADDRESS Springfield MO	23c. DATE SIGNED Nov 29 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Eastlawn	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 11-30-49	REGISTRAR'S SIGNATURE W. J. Sandley	25. FUNERAL DIRECTOR'S SIGNATURE Borman Schaefer	ADDRESS Springfield, MO
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FEB 1 1950

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 Lane C. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, M

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.