

FILED SEP 2 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 27145

3534

BIRTH NO. 19950-57 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>   |   | c. LENGTH OF STAY (In this place)<br><b>10 Days</b>                       | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Kansas City</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>2402 Askew</b>                    |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>General Hospital No. 1</b>   |   |   |   |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Terry</b>   |   | b. (Middle) <b>Lee</b>  | c. (Last) <b>Tate</b>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>8 15 50</b> |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify)<br><b>Child</b>    | 8. DATE OF BIRTH<br><b>Aug. 5 1950</b>  | 9. AGE (In years last birthday) <b>10</b>               | IF UNDER 1 YEAR Months <b>0</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Child</b>  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country)<br><b>Kansas City, Missouri</b> |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>           |   |
| 13a. FATHER'S NAME<br><b>Robert O. Tate</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Louise Wheeler</b>               |   | 14. NAME OF HUSBAND OR WIFE<br><b>Never Married</b>     |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>                                    | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Robert O. Tate Kansas City, Mo.</b>   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atresia of duodenum</b>  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>75<sup>1/2</sup></b>                     |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |   |   |   |   |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input 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) (Minute)   | 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 <b>Aug. 5, 1950</b> , to <b>Aug. 15, 1950</b> , that I last saw the deceased alive on <b>Aug. 15, 1950</b> and that death occurred at <b>9:50A m.</b> , from the causes and on the date stated above. |   |   |   |   |   |
| 23a. SIGNATURE (Degree or title)<br><b>B.I. Burns</b>  |   | 23b. ADDRESS<br><b>24th &amp; Cherry</b>                                  |   | 23c. DATE SIGNED<br><b>8-15-50</b>                      |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24b. DATE<br><b>Aug. 17 1950</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Mary's Cemetery</b>          | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>   |   |   |
| DATE REC'D BY LOCAL REG.<br><b>8-17-50</b>   | REGISTRAR'S SIGNATURE<br><b>Sheraldine Holmes</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Mrs C.L. Forster Kansas City, Missouri</b>   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

*A. C. E. P. W.*

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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No. ....  
*Law Clark*

Licensed Embalmer No. *42/6*  
P. O. Address *K. C. 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.