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FILED APR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9682

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCormick Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury 0210 1
d. STREET ADDRESS (If rural, give location) 300 East Front St.

3. NAME OF DECEASED (Type or Print) a. (First) Asa James b. (Middle) Tate c. (Last) Sr.

4. DATE OF DEATH (Month) April (Day) 8 (Year) 1951

5. SEX M O
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept 15 - 1867
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 7 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Foreman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Kansas ~~Kentucky~~
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Zachary Tate
13b. MOTHER'S MAIDEN NAME Melissa Florette McSparren
14. NAME OF HUSBAND OR WIFE Anna Jane Winslow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Irene Tate ADDRESS Salisbury Mo

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) Hyperstatic Double lobar Pneum. — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrilation — 4/2/51
DUE TO (c) Senility — ——

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —— 4331
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ——

22. *I hereby certify that I attended the deceased from* Apr. 2, 1951, *to* April 8, 1951, *that I last saw the deceased alive on* April 8, 1951, *and that death occurred at* 3:18 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Benj. S. Jolly 2 D.O.
23b. ADDRESS 203½ N. Clark, Moberly Mo
23c. DATE SIGNED 4/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial VI
24b. DATE 4-12-51
24c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery
24d. LOCATION (City, town, or county) Salisbury (State) Mo

DATE REC'D BY LOCAL REG. 4-12-51
REGISTRAR'S SIGNATURE Leah Williams Lowe 264
25. FUNERAL DIRECTOR'S SIGNATURE C B Winkelmeyer ADDRESS Salisbury, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 12 19

Date Received: APR 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-70
Date Filed: APR 10 1951

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. 38
working under my personal supervision.

Student .....
Student Embalmer

Signed Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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