

No. 300 FILED DEC 7 1951 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36246 Registrar's No. 324

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3000 Registrar's No. 324

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in the place) <u>11 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmer</u>		d. 10 <u>0610</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kirkville Osteopathic</u>			d. STREET ADDRESS (If rural, give location) <u>None</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>IGNATIUS</u> b. (Middle) <u>Tate B.</u> c. (Last) <u>TATE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 23 51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 5, 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elmer Mo</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>N. E. Tate</u>		13b. MOTHER'S MAIDEN NAME <u>Maehy Burns</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Joyce Elmer Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	ANTECEDENT CAUSES (b) <u>Coronary Arteriosclerosis</u>				2 hr
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____				15 yrs
11. 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 <u>4201</u>				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) 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 <u>11-12, 1951</u> , to <u>11-23, 1951</u> , that I last saw the deceased alive on <u>11-23, 1951</u> , and that death occurred at <u>11:58 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. W. Tetzler DO</u>		23b. ADDRESS <u>Kirkville, Missouri</u>		23c. DATE SIGNED <u>11-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmer Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Elmer Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-26-51</u>	REGISTRAR'S SIGNATURE <u>Irene Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert Skimmel Macon Mo</u>		

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

Date Received: DEC 4 1957
DISTRICT HEALTH OFFICE #2
District File Number 12-51-21
Date Filed: DEC 5 1957

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 Thos. L. Both.....

Licensed Embalmer No. 4552.....

P. O. Address Macon, 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.