

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17567

FILED ²⁸³²⁶ MAY 25 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 65

357
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 Hrs</u>		e. STREET ADDRESS (If rural, give location) <u>Presnell Hospital 0352</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Pate</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17-1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>May 17-1953</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Lewis Pate</u>	13b. MOTHER'S MAIDEN NAME <u>Lorine Jarrett</u>	14. NAME OF HUSBAND OR WIFE <u>A</u>
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Pate</u> ADDRESS <u>Blythesville Ark. R</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia of lungs</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from May 17, 1953, to May 17, 1953, that I last saw the deceased alive on May 18, 1953, and that death occurred at 4:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. C. Wilson, M.D.</u> (Degree or title)	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>5-21-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Horners Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hornersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-21-1953</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u> 90	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leitz Service Kennett Mo</u> ADDRESS
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RECEIVED DUNKLIN COUNTY H
DEPARTMENT 5-22-
COUNTY CLERK 557-

STATEMENT BY LICENSED EMBALMER

not embalmed

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.....
Signature of Student Embalmer

Signed *Edgar Lee Ford*

Licensed Embalmer No. *4433*

P. O. Address *Kennett*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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