

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34947**

FILED OCT 30 1953

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

BIRTH NO.		REG. DIST. NO. <b>6</b>	PRIMARY REG. DIST. NO. <b>5000</b>	Registrar's No. <b>34</b>
1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIRE</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Quindt &amp; Irish</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GAYZETTE</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 11</b>	d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>RICHARD</b>		a. (First) <b>N.</b>	b. (Middle)	c. (Last) <b>TATE</b>
4. DATE OF DEATH <b>OCTOBER 23, 1953</b>		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 5 1878</b>	9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>READSVILLE MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOHN W. TATE</b>		13b. MOTHER'S MAIDEN NAME <b>HANNAN RUTH BOONE</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Perkins Tate</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-07-1010</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Herman E. Tate</b> ADDRESS <b>VANDALIA MO</b>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Inquest with jury died instantly from injuries received in a collision between 2 automobiles</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>head on collision with 2 automobiles</b> DUE TO (c) <b>other injuries.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>E 8164 26</b>
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 11</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Cumas Audrain MO</b>	21d. TIME OF INJURY <b>October 23 1953 9 m.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Collision of Automobile head on</b>		
22. I hereby certify that I attended the deceased from <b>Quindt, Mo.</b> to <b>Jessy</b> , 19___, that I last saw the deceased <b>live on Oct 23rd</b> , 1953, and that death occurred at <b>9 P.</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>S. C. Adams M.D. Coroner</b>		23b. ADDRESS <b>Mexico Mo.</b>	23c. DATE SIGNED <b>10-23-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-25-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VANDALIA</b>	24d. LOCATION (City, town, or county) (State) <b>VANDALIA MO</b>	
DATE REC'D BY LOCAL REG. <b>Oct 26 1953</b>	REGISTRAR'S SIGNATURE <b>Walter Fugate</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>William B. Daters</b> ADDRESS <b>Paulsbo Mo</b>		

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 \_\_\_\_\_

*William B. Waters*

Licensed Embalmer No. *4169*

P. O. Address *Vandalia, 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.