

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 31 1953

REG. DIST. NO. 397

PRIMARY REG. DIST. NO. 4276

Registrar's No. 10

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| 1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LAWRENCE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierce City</u> | |
| c. LENGTH OF STAY (In this place) <u>6 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>702 Walnut</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>702 Walnut</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ORAN</u> | b. (Middle) <u>FOUNTAIN</u> | c. (Last) <u>TATE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 18 53</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>3/26/1882</u> | 9. AGE (In years last birthday) <u>71</u> | 10. IF UNDER 1 YEAR: Months | 11. IF UNDER 1 YEAR: Days | 12. IF UNDER 1 YEAR: Hours | 13. IF UNDER 1 YEAR: Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COUNTY OFFICIAL & FARMER</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u> |
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| 13a. FATHER'S NAME <u>Columbus Tate</u> | 13b. MOTHER'S MAIDEN NAME <u>NANNY Weaver</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs Bertha Tate</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>493-36-9016</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bertha Tate</u> | 18. ADDRESS <u>Pierce City, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 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) | 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 June 20, 1949, to Dec 18, 1953, that I last saw the deceased alive on Dec 18, 1953, and that death occurred at 6:00 P. M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u> | 23b. ADDRESS <u>Pierce City, Mo</u> | 23c. DATE SIGNED <u>Dec 19, 1953</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12/20/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>PIERCE CITY MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-22-53</u> | REGISTRAR'S SIGNATURE <u>John P. Davis #63</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Wesell</u> | ADDRESS <u>Pierce City, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed R. H. Bennett

Licensed Embalmer No. 4212

P. O. Address Mammoth, 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.