

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34998

State File No. _____
Registrar's No. 482

BIRTH NO. _____ REG. DIST. NO. 4412 PRIMARY REG. DIST. NO. 440

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Doniphan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Doniphan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Doniphan</u>		d. STREET ADDRESS (If rural, give location) <u>West Doniphan</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>	b. (Middle) <u>L.</u>	c. (Last) <u>TATE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 22, 1880</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Months <u>6</u>	# UNDER 24 HRS. Days <u>4</u>	# UNDER 1 MIN. Hours _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Broom Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Broom Making</u>	11. BIRTHPLACE (State or foreign country) <u>Hamilton County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jim Tate</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Alma 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alma Tate Doniphan, Missouri</u>	ADDRESS <u>Doniphan, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial degeneration</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>degeneration</u> DUE TO (c) <u>hypertensive</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) _____ m.	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 Sept 1, 1954, to Sept 16, 1954, that I last saw the deceased alive on Sept 16, 1954, and that death occurred at 7: P m., from the causes and on the date stated above.

23a. SIGNATURE <u>St. C. White M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Raylor</u>	23c. DATE SIGNED <u>9/29/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/28/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley Co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-4-54</u>	REGISTRAR'S SIGNATURE <u>OB Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards Funeral Home, Doniphan, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Gene H. Parent

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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.