

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12569

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Lingo</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3 miles E. of New Cambria</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Della</b> b. (Middle) <b>Jane</b> c. (Last) <b>Pate</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 3, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 19, 1895</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Lingo twp., Macon Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Thomas Vantine</b>	13b. MOTHER'S MAIDEN NAME <b>Hannah Jenkins</b>	14. NAME OF HUSBAND OR WIFE <b>Hiram K. Pate</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>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hiram K. Pate, New Cambria, Mo.</b>	ADDRESS <b>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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic Heart Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Nephrosclerosis</b>		
II. 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 <b>446X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **10:30** to **5:30**, 1955 that I last saw the deceased alive on **2-2**, 1955 and that death occurred at **7:50** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>St. John W. ...</b>	23b. ADDRESS <b>Marceline, Mo.</b>	23c. DATE SIGNED
--	---------------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 5, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Cambria Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Cambria, Mo.</b>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>5-4-55</b>	REGISTRAR'S SIGNATURE <b>Mary J. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. G. Hilliard</b>	ADDRESS <b>New Cambria, Mo.</b>
---	---	---	------------------------------------

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

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 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.

Signed \_\_\_\_\_

*H. J. Gilleland*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4019*

P. O. Address *New Cambria Md*

**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.