

FILED JUN 3, 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4429 Registrar's No. 37

0830

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

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) Weston		c. LENGTH OF STAY (in this place) 6 year	c. CITY OR TOWN Weston
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
• STREET ADDRESS		(If rural, give location) 0830	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) John	b. (Middle) L	c. (Last) Pate	(Month) May	(Day) 20	(Year) 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 29, 1868		9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Iatan, Mo.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME William Pate	13b. MOTHER'S MAIDEN NAME Rebecca Castle	14. NAME OF HUSBAND OR WIFE
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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) no	16. SOCIAL SECURITY NO. 488 K4 9758	17. INFORMANT'S SIGNATURE OR NAME Lawrence A Pate ADDRESS Lincoln, Nebr.	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) 331X		
	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	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) Weston, Platte Mo.
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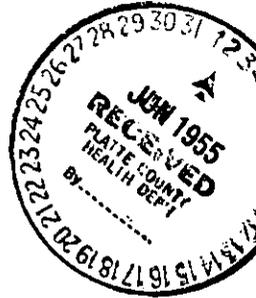
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-2-, 1955, to 5-20-, 1955 that I last saw the deceased alive on 5-10-55, and that death occurred at 3:30pm., from the causes and on the date stated above.

23a. SIGNATURE R. Selling D.O.	23b. ADDRESS Weston, Mo.	23c. DATE SIGNED 5-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-22-55	24c. NAME OF CEMETERY OR CREMATORY Turner Cemetery	24d. LOCATION (City, town, or county) (State) Wallace, Missouri
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DATE REC'D BY LOCAL REG. May 21-55	REGISTRAR'S SIGNATURE Opheia Rollins	25. FUNERAL DIRECTOR'S SIGNATURE Vaughn Funeral Home ADDRESS Weston, Mo.
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. R. Vaughn*

Licensed Embalmer No. *402*

P. O. Address *Weston*

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.