

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18881

2725

|  |  |  |  |   |  |   |                             |                             |
|--|--|--|--|---|--|---|-----------------------------|-----------------------------|
| BIRTH NO. _____  |  | REG. DIST. NO. 149   |  | PRIMARY REG. DIST. NO. 1002   |  | Registrar's No. _____   |                             |                             |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jackson |  |   |                             |                             |
| b. CITY (If outside corporate limits, write RURAL and give town) Kansas City   |  | c. LENGTH OF STAY (If in this place) 40 Years  |  | c. CITY OR TOWN Kansas City   |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                             |                             |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4058 Baltimore   |  |  |  | e. STREET ADDRESS (If rural, give location) 4058 Baltimore  |  |   |                             |                             |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) LILY   |  | b. (Middle) MARY   |  | c. (Last) PATE  |  | 4. DATE OF DEATH (Month) (Day) (Year) June 15, 1955   |                             |                             |
| 5. SEX Female  | 6. COLOR OR RACE White   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed   |  | 8. DATE OF BIRTH 7 - 31 - 1860  |  | 9. AGE (In years last birthday) 94  | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) De Witt, Mo.   |  | 12. CITIZEN OF WHAT COUNTRY? U. S. A.   |                             |                             |
| 13a. FATHER'S NAME James W. Marshall   |  |  | 13b. MOTHER'S MAIDEN NAME Mary E. Black        |   | 14. NAME OF HUSBAND OR WIFE Andrew J. Pate                     |   |                             |                             |
| 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. None   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ruby Pate 4058 Baltimore K. C. Mo  |  |   |                             |                             |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Arterio Sclerosis<br>DUE TO (c) Senility<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br>10 yrs<br>10 yrs.<br>15 yrs.<br>4 1/2 yrs.  |                             |                             |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                             |                             |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No  |  | 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) None   |  | 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 June 1, 1945, to June 16, 1955, that I last saw the deceased alive on June 16, 1955, and that death occurred at 8 p.m., from the causes and on the date stated above. |  |  |  |   |  |   |                             |                             |
| 23a. SIGNATURE M. B. Casbolt MD (Degree or title)  |  |  |  | 23b. ADDRESS 4000 Baltimore E. Mo   |  | 23c. DATE SIGNED 6/16/55  |                             |                             |
| 24a. BURIAL, CREMATION, REMOVAL, (Specify) Entombment  |  | 24b. DATE 6-30-55  | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill |   | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |   |                             |                             |
| DATE REC'D BY LOCAL REG. 6-26-55   |  | REGISTRAR'S SIGNATURE neva minshall  |  | 25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary   |  | ADDRESS Kansas City, Mo.  |                             |                             |

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Carson  
4000 Baltimore

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 *Walter H. Erwin* .....

Licensed Embalmer No. *43* .....

P. O. Address *Kansas City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.