

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18992

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2682
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 70yrs	c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3239 E 27th St.		38 STREET ADDRESS (If rural, give location) 3239 E 27th St.		
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Presten c. (Last) Tate			4. DATE OF DEATH (Month) (Day) (Year) June 19, 1955.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 14, 1879	9. AGE (In years last birthday) 76 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) Retired		10b. KIND OF BUSINESS OR INDUSTRY Furnace Man	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Charles P. Tate		13b. MOTHER'S MAIDEN NAME Elizabeth Steel	14. NAME OF HUSBAND OR WIFE Ethel Tate	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-07-2730	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Tate 3239 E 27th st. K.C. Mo.	
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) BRONCHIAL PNEUMONIA				INTERVAL BETWEEN ONSET AND DEATH Unknown.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydronephrosis, Pyeonephrosis DUE TO (c) Urinary Obstruction				Unknown Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urethral stricture Recumbency, Advanced Age.				1008X
19a. DATE OF OPERATION X X		19b. MAJOR FINDINGS OF OPERATION X X X X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE X X (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X X		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X X X X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X X		21e. INJURY OCCURRED WHILE X NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X X X
22. I hereby certify that I attended the deceased from June 14, 1955, to June 19, 1955, that I last saw the deceased alive on June 19, 1955, and that death occurred at 4:00a m., from the causes and on the date stated above.				
23a. SIGNATURE Robert N. Clarke		23b. ADDRESS (Degree or title) D. O. 3353 E. 27th St. Kansas City		23c. DATE SIGNED June 20, 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 22 1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 6-22-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster FUneral Home Kas. City, Mo.

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

or 9670

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 *J. Virgil Herwick*

Licensed Embalmer No. 3594

P. O. Address *A. C. M. Co.*

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.