

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39366

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 228

1. PLACE OF DEATH  
a. COUNTY Saline

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Saline

b. CITY OR TOWN Marshall, Mo. c. LENGTH OF STAY (in this place) 26 days

c. CITY OR TOWN Marshall d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Modern Rest Home 422 N. Marshall e. STREET ADDRESS (If rural, give location) 770 So. Salt Pond 0970

3. NAME OF DECEASED a. (First) Nancy b. (Middle) Lou c. (Last) Tate 4. DATE OF DEATH (Month) (Day) (Year) Nov. 30 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov. 4-1864 9. AGE (In years last birthday) 91 If UNDER 1 YEAR Months 0 Days 26 If UNDER 24 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and State or Foreign Country) Do not Know-Pike Co. Ill! 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry H. Meek 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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 Mrs. Hazel Meek, Marshall Mo. ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma large bowel MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 yr  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153x

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from June 1, 1954 to Nov. 30, 1955, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. L. Rawless M.D. 23b. ADDRESS Marshall Mo. 23c. DATE SIGNED 12-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12/3/55 24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery, Fairmount, Illinois 24d. LOCATION (City, town, or county) (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. Dec 1-55 REGISTRAR'S SIGNATURE Cecil G. Reed Deputy 25. FUNERAL DIRECTOR'S SIGNATURE J. Leali Sweeney - Marshall, Mo. ADDRESS \_\_\_\_\_

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

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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..... *J. Lealie Surragey*

Licensed Embalmer No. *323*

P. O. Address *Manchester*

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.