

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40062**BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give town) Booneville		c. LENGTH OF STAY (in this place township) 27 days		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Haas Nursing Home				e. STREET ADDRESS (If rural, give location) 107 Second Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence		b. (Middle) Edwin		c. (Last) Tate		4. DATE OF DEATH (Month) (Day) (Year) Dec 12/12/1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 9, 1878	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY carpentering	
11. BIRTHPLACE (City and State or Foreign Country) Callaway County, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Taylor Tate		13b. MOTHER'S MAIDEN NAME Molly Crockett		14. NAME OF HUSBAND OR WIFE Virginia Tate (wife)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Tate (wife) Columbia, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis INTERVAL BETWEEN ONSET AND DEATH 8 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 592x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Medic uremic state			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Dec 1, 1955 , to Dec 12, 1955 , that I last saw the deceased alive on Dec 12, 1955 , and that death occurred at 9:30 am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Mexon Ramonway, M.D.				23b. ADDRESS 1500 North Mo.		23c. DATE SIGNED Dec 12-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec. 14, 55		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
DATE REC'D BY LOCAL REG. 12/14/55		REGISTRAR'S SIGNATURE D. Hooper		25. FUNERAL DIRECTOR'S SIGNATURE Lynnan Sprinkle		ADDRESS Columbia	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 20 1955

MAR 2 1956

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 *Lynard A. Sprinkle*.....

Licensed Embalmer No. *401*

P. O. Address *Columbus*.....

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.