

FILED JUL 12 1956

STANDARD CERTIFICATE OF DEATH

21658

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 244

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-St. Francois Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Farmington 09410 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mineral Area Hosp. Length of stay in 1b 1 1/2 days		d. STREET ADDRESS (If outside, give location) 604 Aldergate Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Robert Grigg Pate <i>First Middle Last</i>			4. DATE OF DEATH July 2 1956 <i>Month Day Year</i>		
5. SEX Male	6. COLOR OR RACE White US	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 17, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 8 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Police		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Clay, Kentucky		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Samuel Pate			14. MOTHER'S MAIDEN NAME Ellen Watson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-18-6348	17. INFORMANT Mrs Ersie Pate, Farmington, Mo. <i>Address</i>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 da.
DUE TO (b) Massive cerebral vascular accident			
DUE TO (c) Hypertensive cardiovascular dy			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443X	
20c. TIME OF INJURY Hour 9:50 Month 8 Day 8 Year 55 a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **8-8-55** to **7-2-56** and last saw ^{her}him alive on **7-2-56**
Death occurred at **9:50** p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deputy or Title) Marvin L. Suloe DO	22b. ADDRESS Farmington Mo	22c. DATE SIGNED 7-5-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/8/56	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
24. FUNERAL DIRECTOR ADDRESS Miller Funeral Home, Farmington, Mo.		25. DATE RECD. BY LOCAL REG. July 5, 1956	26. REGISTRAR'S SIGNATURE Eather Rudloff

(Licensed Embalmer's Statement on Reverse Side)

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

89-0

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 *Paul K. Dugal*

Licensed Embalmer No. *412*

P. O. Address *Farming*

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.