

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29702**

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>8000</u>		Registrar's No. <u>294</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived—If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>New Cambria</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital &amp; Clinic</u>				STREET ADDRESS (If rural, give location) <u>New Del.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donnie</u> b. (Middle) <u>Sue</u> c. (Last) <u>Pate</u>			4. DATE OF DEATH <u>Sept. 29, 1956</u>						
5. SEX <u>Female</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>None</u>		8. DATE OF BIRTH <u>2-8-1937</u>			
9. AGE (In years, last birthday) <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		9. AGE (In years, last birthday) <u>19</u> Months <u>7</u> Days <u>21</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>New Cambria Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Cambria Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Hiram K Pate</u>		13b. MOTHER'S MAIDEN NAME <u>Hella Jane Vantine</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hiram K Pate</u> ADDRESS <u>New Cambria Mo</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia of pregnancy</u>				ANTECEDENT CAUSES				2 days	
DUE TO (b) <u>Renal insufficiency</u>				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				unknown	
DUE TO (c) <u>Rheumatic heart disease</u>				11. OTHER SIGNIFICANT CONDITIONS				many years	
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>9/28/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cesarean section with delivery of term fetus.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min) _____		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 <u>Sept. 27, 1956</u> , to <u>Sept. 29, 1956</u> , that I last saw the deceased alive on <u>Sept. 29, 1956</u> , and that death occurred at <u>6:01 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Jack A. Amth</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Kirkville, Missouri</u>		23c. DATE SIGNED <u>9/29/56</u>			
24a. FUNERAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>10-2-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Cambria</u>		24d. LOCATION (city, town, or county) (State) <u>New Cambria, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-29-56</u>		REGISTRAR'S SIGNATURE <u>Pate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis &amp; Davis - Kirkville</u> ADDRESS _____					

REC 8 1951

---

---

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.....  
*Robert B. Daw*

Licensed Embalmer No. *4219*

P. O. Address *Kirkville*

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.