Health, & Welfare Public Service

S. 300
1-56

securing the medical certification in the specific manner required by 193.140 Mo. Sup. 1957. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15363
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3313

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Robertson 4000 0 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 16 Missouri Baptist Hospital — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 Rt.1, Box 165 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Otis	Middle:	Last: Tate
4. DATE OF DEATH	Month: April	Day: 1	Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: March 4,1923
9. AGE (In years last birthday): 34	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): Utility Worker	10b. KIND OF BUSINESS OR INDUSTRY: McDonnell Aircraft	11. BIRTHPLACE (City and state or country): Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joe Tate		14. MOTHER'S MAIDEN NAME: Elsie Godwin	
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.: 432-40-3266	17. INFORMANT: Lois Tate,	Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH 6 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

581.0

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb 21, 1957 to April 1, 1957 and last saw her/him alive on April 1, 1957
Death occurred at 8:55 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. A. Miller MD	22b. ADDRESS: 8924 St. Charles Rd St. Louis 14 Mo	22c. DATE SIGNED: 4/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 4-2-57	23c. NAME OF CEMETERY OR CREMATORY: Macey Cemetery	23d. LOCATION (City, town, or county) (State): Monett, Arkansas.
24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe, 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG.: APR 5 '57	26. REGISTRAR'S SIGNATURE: J. Carl Smith MD MDB	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. H10

P. O. Address [signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.