

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39459
STATE FILE NUMBER

FILED DEC 8 - 1957

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #1			Length of stay in lb 23 months		d. STREET ADDRESS (If outside, give location) 614 Bluff St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Marion Middle Last Tate				4. DATE OF DEATH Month Dec Day 2 Year 1957			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov 23 1885		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none Retired			10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and state or country) Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Taylor Tate				14. MOTHER'S MAIDEN NAME Mollie Crockett			
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 State Hospital Records, Fulton, Mo. Address 			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Brain Syndrome DUE TO (c) 							INTERVAL BETWEEN ONSET AND DEATH
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.) 				
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 			20d. INJURY OCCURRED WHILE AT WORK <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 11/30/57 to 12/2/57 and last saw her him alive on 12/1/57 Death occurred at 2:50 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title) 				22b. ADDRESS 		22c. DATE SIGNED 12/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 4 1957	23c. NAME OF CEMETERY OR CREMATORY Hillcrest		23d. LOCATION (City, town, or county) (State) Fulton, Mo		
24. FUNERAL DIRECTOR Wallace Funeral Home, Fulton, Mo		ADDRESS 		25. DATE RECD. BY LOCAL REG. Dec 2-1957		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

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STATEMENT BY LICENSED EMBALMER

also record of work.

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 *Arthur L. Massey*
Licensed Embalmer No. 499

P. O. Address *Sullivan*

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