

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007894

STATE FILE NUMBER
1170

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **1170**

300
-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 38 HOSPITAL OR INSTITUTION Enroute City Hospital		Length of stay in lb 6 yrs.	d. STREET ADDRESS (If outside, give location) 3921 Wyoming		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Artie Last Tate			4. DATE OF DEATH Month January Day 30 Year 1958		
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 May 8, 1912	
9. AGE (In years at birth) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tree Surgeon		11. BIRTHPLACE (City and state or country) Omaha, Ark.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Will Tate		13b. MOTHER'S MAIDEN NAME Maude Graves	
14. NAME OF HUSBAND OR WIFE Laveda Tate		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. 702-10-9223	
17. INFORMANT Laveda Tate		Address 3921 Wyoming		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Sclerosis 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) 420.1		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 843 P. to her and last saw him alive on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Regina D. ...		22b. ADDRESS 1200 Clark		22c. DATE SIGNED 2/3/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-31-58		23c. NAME OF CEMETERY OR CREMATORY Omaha Cemetery	
23d. LOCATION (City, town, or county) Omaha, Ark.		23e. (State)			
24. FUNERAL DIRECTOR Albert H. Hoppe		ADDRESS 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. JAN 31 '58	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		S.P.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James Bentley*
Licensed Embalmer No. *3653*
P. O. Address *St. Louis 8 Mo*

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 -
If this body is not embalmed, fact should be so stated above.