S. No. 300
v. 10.48

0360

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017784
State File No.

FILED JUN 10 1958

BIRTH NO. ____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 670

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Clair
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Porter Ford Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: St. Clair 036 C
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): Porter Ford Road

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): M
c. (Last): Tate

4. DATE OF DEATH (Month) (Day) (Year): June 5, 1958

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 12, 1884
9. AGE (In years last birthday): 73
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): Factory Worker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Mfg
11. BIRTHPLACE (City and State or Foreign Country): 9
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: William Murr
13b. MOTHER'S MAIDEN NAME: Lucinda Hinkle
14. NAME OF HUSBAND OR WIFE: Lewis Tate (deceased)

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.: 488-07-7093
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: W. O. Tate, St. Clair, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ____
DUE TO (c) Vascular Hypertension — Years -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing it. Coronary Arteriosclerosis — Years -

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

4201

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1956 *to* 6-5-, 1958, *that I last saw the deceased alive on* 6-5-, 1958 *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. W. E. Mitchell M.D.
23b. ADDRESS: St. Clair Mo
23c. DATE SIGNED: 6/6/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-8-58
24c. NAME OF CEMETERY OR CREMATORY: Rocks Springs Cem
24d. LOCATION (City, town, or county) (State): Mt. Grove, Mo.

DATE REC'D BY LOCAL REG.: 6-7-58
REGISTRAR'S SIGNATURE: Charles Smith Hyde
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Casey-Lenox, St. Clair, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Lund

Licensed Embalmer No. 3601

P. O. Address St. Clair,

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