

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012657
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Christian County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ozark, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 30 yrs	d. STREET ADDRESS (If outside, give location) Ozark, Mo
3. NAME OF DECEASED (Type or print) Ada		First Middle Last Tate	4. DATE OF DEATH Month Mar Day 29 Year 59
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan, 8, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) Mo, Christian Co		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Wm. B Oneal		13b. MOTHER'S MAIDEN NAME Mary E Hayner	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT Address Mrs Etta Maydeb, Junction, City, Kans
18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure (Compensatory) Mitral Stenosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Old Rheumatic Fever DUE TO (c) Old Rheumatic Fever			INTERVAL BETWEEN ONSET AND DEATH years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 410 X			19. WAS AUTOPSY PERFORMED? YES <input 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 7/2/48 to 6/12/58 and last saw her/him alive on 6/12/58 Death occurred at Am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name and title) Wm. B. Oneal		22b. ADDRESS Ozark Mo	
22c. DATE SIGNED 4/1/59		22d. ADDRESS (State) Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/1/59	23c. NAME OF CEMETERY OR CREMATORY Highlandville
23d. LOCATION (City, town, or county) Christian Co		23e. STATE Mo	
24. FUNERAL DIRECTOR T. B. Cheffin		ADDRESS Ozark, Mo.	25. DATE RECD. BY LOCAL REG. Apr 10-1959
26. REGISTRAR'S SIGNATURE Loretta Leonard			

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 *T. B. Cheffin*

Licensed Embalmer No. *2192*.....

P. O. Address... *Ozark, 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 this body is not embalmed, fact should be so stated above.