

DI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024060

FILED JUL 16 1959

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3003

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Monett		c. CITY OR TOWN Monett	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 222 1/2 Third Street		d. STREET ADDRESS (If outside, give location) 222 1/2 Third St. Monett	

3. NAME OF DECEASED (Type or print) First Rosa Middle Belle Last Tate			4. DATE OF DEATH Month July Day 3 Year 1959		
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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 6/20/1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 0 Days 12	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Rand Bolton	13b. MOTHER'S MAIDEN NAME Roxie Graves	14. NAME OF HUSBAND OR WIFE Walter Tate (dec'd)
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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. 499-09-4034	17. INFORMANT Mrs. Gladden Daugherty Monett Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Tongue		INTERVAL BETWEEN ONSET AND DEATH 1 yr
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 _____
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21. I attended the deceased from **3-2-58** to **July 3 59** and last saw her ^{him} alive on **July 2 59**
Death occurred at **5-A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank R. Ken MD (Name or title)	22b. ADDRESS Monett Mo	22c. DATE SIGNED 7/6/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/7/1959	23c. NAME OF CEMETERY OR CREMATORY Kings Prairie	23d. LOCATION (City, town, or county) (State) East of Monett, Mo.
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24. FUNERAL DIRECTOR Bennett-Wormington	ADDRESS Monett, Mo	25. DATE RECD. BY LOCAL REG. 7-11-59	26. REGISTRAR'S SIGNATURE Mrs P.N. Cook
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Howard Bennett*

Licensed Embalmer No. 4213

P. O. Address Monett, 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.