

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 18 1959

59-039390

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 193

UNRECORDED

1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SMITHVILLE		Length of stay in 1b 6, DAYS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8720 North McGee		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ANNA Middle E. Last TATE				4. DATE OF DEATH Month NOVEMBER Day 9 Year 1959					
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 10/11/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____			
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) DASSEL MINN,		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES H. CHANCY			13b. MOTHER'S MAIDEN NAME MARY WRIGHT			14. NAME OF HUSBAND OR WIFE JOHN W. 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. NONE		17. INFORMANT Address EUGENE R. TATE, 8720, N. McGee, K.C. 18 MO					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH 4 Days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease							3, Years		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Osteo arthritus						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			
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.	Month, Day, Year								
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 Mar, 1959 to Nov 9, 1959 and last saw her/him alive on Nov 9, 1959				Death occurred at 11; p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>David R. Piles M.D.</i> (Degree or title)				22b. ADDRESS <i>Smithville, Mo.</i>			22c. DATE SIGNED <i>11-11-59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/12/59	23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL CEMETERY		23d. LOCATION (City, town, or county) GLADSTONE, CLAY CO, MO.					
24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS, N.K.C. 16 MO.				25. DATE RECD. BY LOCAL REG. 11-11-59		26. REGISTRAR'S SIGNATURE <i>Marguerite Hudgens</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1960

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 John W. Lewis Jr.

Licensed Embalmer No. 4848

P. O. Address K. C. 17, 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.