

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005568

FILED VS FEB 17 1960

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 26

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		c. CITY OR TOWN Tracy	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hosp. Smithville Community		d. STREET ADDRESS None (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Helen Middle Marie Last Tate			4. DATE OF DEATH Month Feb. Day 6, Year 1960		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-5-1960	9. AGE (last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min
							9 56	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Smithville, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Sidney Tate	13b. MOTHER'S MAIDEN NAME Lelia Jump	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Sidney Tate Tracy, Missouri	Address
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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) Cardioresperatory failure		INTERVAL BETWEEN ONSET AND DEATH 7:24 PM 2-5-60	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) atelectasis and emphysema		10:5:20 AM 2-6-60
	DUE TO (c) congenital heart disease		
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	

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.)
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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 Smithville, Missouri	COUNTY	STATE
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21. I attended the deceased from **7:24 PM, Feb 5, 1960** to **5:20 A.M. Feb 6, 1960** and last saw her/him alive on **Feb 6, 1960**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>S. J. Hildebrand</i>	(Degree or title) M.D.	22b. ADDRESS Smithville, Missouri	22c. DATE SIGNED Feb 6, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-6-1960	23c. NAME OF CEMETERY OR CREMATORY Larkin Cemetery	23d. LOCATION (City, town, or county) Platte City, Mo.
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24. FUNERAL DIRECTOR Rollins & Mitchell	ADDRESS Platte City, Mo.	25. DATE RECD. BY LOCAL REG. 2-6-60	26. REGISTRAR'S SIGNATURE <i>Marguerite Hudgens</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Tommy R. Rollins, Student Embalmer No. 5-89
working under my personal supervision.

Student Tommy R. Rollins Signed Roland M. Goffe
Signature of Student Embalmer

Licensed Embalmer No. 4725

P. O. Address State City

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.