

t. Health,  
& Welfare  
S. Public  
th Service

FILED VS OCT 3 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-035070  
STATE FILE NUMBER  
4762

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 413 1302 GARFIELD		Length of stay in lb 46 yrs	d. STREET ADDRESS (If outside, give location) 1302 GARFIELD		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MILDRED TATE			4. DATE OF DEATH Month Day Year 9 16 60		
5. SEX FE 3	6. COLOR OR RACE N.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/15/14	9. AGE (In years last birthday) 46 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) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KANSAS CITY MO U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME GEORGE WOOD		13b. MOTHER'S MAIDEN NAME PEARL EDWARDS		14. NAME OF HUSBAND OR WIFE JOHN 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. -	17. INFORMANT Address PEARL MON ROE 1302 GARFIELD		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ingestion of Rat Poison Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Type undetermined. 9718 DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 6 hours.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 8:30 p.m. 9/15/60					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) 1302 Garfield		20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City, Jackson, MO.	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Deputy Coroner			22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 9/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIED		23b. DATE 9/19/60	23c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO
24. FUNERAL DIRECTOR MANLUVE-Williams		ADDRESS 1729 LP/IA		25. DATE RECD. BY LOCAL REG. 9-19-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

I. M. Tillman

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 .....

Licensed Embalmer No.....

P. O. Address.....

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.