

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**61-020854**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. **103** Primary Registration District No. **3019** Registrar's No. **103**

DATE AMENDED

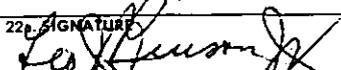
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Dunklin</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Length of stay in lb <b>Most of Life</b>	c. CITY OR TOWN <b>Kennett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Memorial Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>General Delivery</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Marshall</b> Middle <b>Lee</b> Last <b>Pate</b>			<b>4. DATE OF DEATH</b> Month <b>June</b> Day <b>21st</b> Year <b>1961</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>11-15-1894</b>	<b>9. AGE (last birthday)</b> <b>66</b>	<b>IF UNDER 1 YEAR</b> Months <input type="checkbox"/> Days <input type="checkbox"/>	<b>IF UNDER 24 HR.</b> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>XX</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Hayti Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>
<b>13a. FATHER'S NAME</b> <b>Jake Pate</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Rose (Unknown)</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary Pate</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No. <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		<b>16. SOCIAL SECURITY NO.</b> <b>XX</b>		<b>17. INFORMANT</b> <b>Mary Pate</b> Address <b>Kennett Mo.</b>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Carcinomatosis</b> DUE TO (b) <b>Carcinoma of Cecum</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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					INTERVAL BETWEEN ONSET AND DEATH /	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>	
<b>21. I attended the deceased from</b> <b>1-10-59</b> <b>4.00 A.</b> to <b>6-21-61</b> and last saw her/him alive on <b>6-21-61</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b>  (Degree or title) <b>M.D.</b>			<b>22b. ADDRESS</b> <b>Kennett Mo.</b>		<b>22c. DATE SIGNED</b> <b>6-22-61</b>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>23b. DATE</b> <b>6-21-61</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Ridge Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Kennett Mo.</b>		
<b>24. FUNERAL DIRECTOR</b> <b>Lentz Service</b>		<b>ADDRESS</b> <b>Kennett Mo.</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>6-23-1961</b>	<b>REGISTRAR'S SIGNATURE</b> 	

JUL 18 1961

**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 Edgar Lee Davis

Licensed Embalmer No. 4433

P. O. Address Kennett 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.