

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030174

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 17 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 17 STATE FILE NUMBER

FILED AUG 25 1961

1. PLACE OF DEATH
 a. COUNTY New Madrid
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid Length of stay in 1b Unk
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION No. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY New Madrid
 c. CITY OR TOWN New Madrid, Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Pleasant H. Tate Aug. 21. 1961

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/30/1895 9. AGE (last birthday) 66 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber works 10b. KIND OF BUSINESS OR INDUSTRY -- -- 11. BIRTHPLACE (City and state or country) Moark, Ark. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Hiram Tate 13b. MOTHER'S MAIDEN NAME Nancey Langley 14. NAME OF HUSBAND OR WIFE Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes I W.W. 17. INFORMANT Address May Jones, New Madrid, 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) Angina Pectoris.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis -
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 May 12-1961 to August 21-61 and last saw her him alive on Aug 21-1961
 Death occurred at 11:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O.B. Chandler MD 22b. ADDRESS 545 1/2 New Madrid 22c. DATE SIGNED 8-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/24/61 23c. NAME OF CEMETERY OR CREMATORY Sugartree Ridge 23d. LOCATION (City, town, or county) (State) New Madrid, Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Richards Funeral Home, Inc. New Madrid, Mo. 25. DATE RECD. BY LOCAL REG. 8-22-61 26. REGISTRAR'S SIGNATURE Jay Hedgepeth

(Licensed Embalmer's Statement on Reverse Side)

MS AUG 2 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 *Fred Hedgepeth*
Licensed Embalmer No. 3803

P. O. Address New Madrid

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.