

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021534

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1539

FILED MAY 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4038

2 4003

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9 422.1

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12 86-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Hill		Length of stay in lb 90 days	c. CITY OR TOWN Kirkwood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rock Hill Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1031 N. Geyer Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Rhoda C. Tate			4. DATE OF DEATH Month Day Year May 21 1962
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 3-10-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (last birthday) 94 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Charles Wilson		13b. MOTHER'S MAIDEN NAME Nancy Cahill	
14. NAME OF HUSBAND OR WIFE David H. Tate		17. INFORMANT Address Glem Baker 1031 N. Geyer, Kirkwood, Mo.	
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.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 day Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cerebrovascular disease 20 yrs DUE TO (c) Arteriosclerotic cardiovascular disease 30 yrs 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 - Month, Day, Year a.m. p.m.			
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 6-29-8955		20g. COUNTY STATE 21 May 1962	
21. I attended the deceased from 6-29-8955 to 21 May 1962 and last saw her alive on May 21 '62 Death occurred at 4:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Reynolds L. Emerson, M.D.		22b. ADDRESS 1695 BRENTWOOD BLVD, BRENTWOOD, MO.	
22c. DATE SIGNED May 21 '62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-22-62	
23c. NAME OF CEMETERY OR CREMATORY Mt. Vernon Cemetery		23d. LOCATION (City, town, or county) (State) Atchison Kansas	
24. FUNERAL DIRECTOR Bopp Chapel Kirkwood, Mo.		25. DATE RECD. BY LOCAL REG. 5-22-62	
26. REGISTRAR'S SIGNATURE John Murphy, M.D.			

St Louis Mo.

St Louis

Woodliff

90 days

Rock Hill

1021 W. Geary

Rock Hill East Home

May 21 1968

Male

W.

Married

X

White

Female

U.S.A.

Married

Housewife

David H. to

Henry C. Jones

Charles Wilson

Glenn Baker 1021 W. Geary, Rock Hill, Mo.

Mo.

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 *Francis J. [Signature]*

Licensed Embalmer No. 4572

P. O. Address Richmond, 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.

Attest

Witness

98-88-2

Reverse

Rock Hill East Home