

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3438

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 3022 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Clay township</u> <u>0970</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles N.E. Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Laura</u>	b. (Middle) <u>Tucker</u>	c. (Last) <u>Durrett</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan. 19th, 1951</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> <u>2</u>	8. DATE OF BIRTH <u>Feb. 12, 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John J. Tucker</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah E. Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Alice Durrett, Marshall, R#4.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1/201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 15, 1951, to Jan 19, 1951, that I last saw the deceased alive on Jan 19, 1951, and that death occurred at 2-6 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur H. Raymond M.D.</u>	23b. ADDRESS <u>Marshall, Mo.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 20, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Arrow Rock, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 20-1951</u>	REGISTRAR'S SIGNATURE <u>William T. ...</u> <u>385</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CAMPBELL-LEWIS-MARSHALL-MO.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

977

RECEIVED 1-22-54

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-22-54

FEB 7 1954

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~~ _____

working under my personal supervision.

Student Embalmer No.

Signed _____
Student Embalmer

Signed *James H. Dennis Sr.*

Licensed Embalmer No. 1171

P. O. Address *Marshall 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 this body is not embalmed, fact should be so stated above.