

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8679**
Registrar's No. **152**

FILED MAR 21 1947
128

Registration District No. **128** Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
744 N. Grant Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 Years** (Specify whether years, months or days)

In this community **50 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **HOMER LEE TUCK**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

4. Sex **Male 0**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Ethel Tuck**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **December 2, 1886**
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| 60 | 2 | 17 | _____ hr. _____ min. |

9. Birthplace **Benton County, Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business _____

12. Name **William J. Tuck**

13. Birthplace **Benton County, Arkansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Diana Fitzgerald**

15. Birthplace **Willard, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ethel Tuck**

(b) Address **744 N. Grant, Springfield, Mo.**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **Feb. 21, 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park**

18. (a) Signature of funeral director **Fred G. Thieme**

(b) Address **Springfield, Mo.**

19. (a) **2-21-47** (Date received local registrar)

(b) **W R Hendley MD** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **744 N. Grant Ave.** **6**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **19th**
year **1947** hour **10:30 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Feb 8**, 19**47**, to **Feb 19**, 19**47**;
that I last saw him alive on **Feb 19**, 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** **10 hrs.**

Due to **Myocarditis, chronic** **6 yrs.**

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **none**

Of operations _____

Of autopsy **none 9/3/47**

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(a) _____ (b) Means of injury **0**

23. Signature **Don Sileby** (M. D. or other) **MD**

Address **Springfield, Mo.** Date signed **2-20-47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ralph L. ...

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.