

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42863**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **257**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>559 South Jefferson St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rest Heaven Convalescent Home.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Frank</b>	b. (Middle) <b>Wilbur</b>	c. (Last) <b>Tucker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 20, 1948</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 22, 1865</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Saline Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Lee Tucker</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Mercereau</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Tucker</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harry Tucker, Boonville, Mo.</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion 20 Min</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Sclerosis 49 1/2</b>		
DUE TO (c)		94W	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	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) (Minute) <b>✓</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 10, 1948**, to **Dec 20, 1948** that I last saw the deceased alive on **December 20, 1948**, and that death occurred at **7: P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title)	23b. ADDRESS <b>[Address]</b>	23c. DATE SIGNED <b>1/22/48</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 23, 1948</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Dec. 22-1948</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>CAMPBELL-LEWIS FUNERAL HOME, MARSHALL, MO.</b>
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(Licensed Embalmer's State Seal on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-5-48

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. 263

working under my personal supervision.

Student James H. Lewis Jr.  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3469

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.