

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8737**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	
c. LENGTH OF STAY (in this place) <b>29 Days</b>		d. STREET ADDRESS (If rural, give location) <b>810 West Kansas</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CAMMIE</b> b. (Middle) <b>M.</b> c. (Last) <b>TUCKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 2, 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 13, 1870</b>
9. AGE (In years last birthday) <b>78</b>		10. AGE (In years last birthday) <b>9</b> 11. AGE (In years last birthday) <b>19</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Cooper County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Samuel Cochran</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Gault</b>	
14. NAME OF HUSBAND OR WIFE <b>Daniel Edward Tucker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Charles Massie, Independence, Mo.</b>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute left ventricular failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis and Hypertension</b> DUE TO (c) <b>4x4x</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>		yes <b>yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from <b>2/1, 1949</b> , to <b>3/2, 1949</b> ; that I last saw the deceased alive on <b>3/2, 1949</b> , and that death occurred at <b>7:10 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Vance E. Link, M.D.</b> (Degree or title)		23b. ADDRESS <b>1st Nat'l. Bank Bldg. INDEPENDENCE, MO.</b>	
23c. DATE SIGNED <b>3/4/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/4/49</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 4-1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>354</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland R. Speaks</b>		ADDRESS <b>Independence, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—48

ENCLOSURE

SEP 15 1950

**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.

Signed Stanley M. Hata

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

**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.