S. No. 300
10.48

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11669

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5139 Registrar's No. 167

1200

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

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - COON ISLAND
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: BUTLER 12
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - COON ISLAND TWP
d. STREET ADDRESS (If rural, give location): 8 MI. E. NEELYVILLE MO

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): WILLIAM
c. (Last): TUCKER

4. DATE OF DEATH (Month) (Day) (Year): MAR 20 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR 4 - 1884
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): PERRYVILLE, CAPE CO MO
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: HILLERY TUCKER
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: CORDA TUCKER

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Corda Tucker Neelyville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

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.

19a. DATE OF OPERATION: approx 8 May 49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Liver
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. *I hereby certify that I attended the deceased from* 16 Feb, 1949, *to* 20 Mar, 1949, *that I last saw the deceased alive on* 6 Mar, 1949, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Brookreson MD
23b. ADDRESS: 321 Oak Poplar Bluff Mo
23c. DATE SIGNED: 4 May 49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR 23-1949
24c. NAME OF CEMETERY OR CREMATORY: HVAM CEM.
24d. LOCATION (City, town, or county) (State): BUTLER CO MO

DATE REC'D BY LOCAL REG.: May 7 1949
REGISTRAR'S SIGNATURE: Wm H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: N.T. Phelps Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 REC'D

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

549-93
5-9-49

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 N. T. Phelps

Signed ..... Student Embalmer

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.