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FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16515**

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

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>226</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> 57				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. LENGTH OF STAY (If this place) <u>21</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline,</u>		-2		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>316 W. Gracia</u> D				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Tucker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May. 24, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 9, 1889</u>		
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>		IF UNDER 24 Hrs. Hours <u> </u> Min. <u> </u>		11. BIRTHPLACE (State or foreign country) <u>Effingham Kansas /</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Pitman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe. RR</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		11. BIRTHPLACE (State or foreign country) <u>Effingham Kansas /</u>	
13a. FATHER'S NAME <u>William Harrison Tucker</u>			13b. MOTHER'S MAIDEN NAME <u>Rhoda Frazier Tuley</u>			14. NAME OF HUSBAND OR WIFE <u>Agnes Poshek Tucker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>709-14-4567</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank E. Tucker Peoria, Illinois.</u>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident (hemorrhage)</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Atherosclerosis</u> <u>5 yrs</u> DUE TO (c) <u>Idiopathic Hypertension</u> <u>10 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>						
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) (Min.)		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 <u>Aug 9, 1946</u> , to <u>May 24, 1949</u> , that I last saw the deceased alive on <u>May 24, 1949</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Philip A. Ottman, M.D.</u>				23b. ADDRESS <u>Marceline, Missouri</u>		23c. DATE SIGNED <u>5/25/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 27, 1948</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5/27/1949</u>		REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James McLaughlin</u>		ADDRESS <u>Marceline, Mo.</u>		

JUL 13 1909

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.

Student
Student Embalmer

Signed Blanche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline, 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.