

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27745**

89
1

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

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3057		Registrar's No. 66	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give town) Richmond		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) Richmond		d. STREET ADDRESS (If rural, give location) 309 S. Shaw	
d. FULL NAME OF HOSPITAL OR INSTITUTION 309 S. Shaw				4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1949			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Franklin c. (Last) Tucker			5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married				
8. DATE OF BIRTH May 21, 1872		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR 2 11. UNDER 1 MRS. Hours 12 Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired real estate		10b. KIND OF BUSINESS OR INDUSTRY agent		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Marion Tucker		13b. MOTHER'S MAIDEN NAME Sally Craddock		14. NAME OF HUSBAND OR WIFE Daisy Walruff			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ben Tucker, Richmond, Mo. ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the rectum		INTERVAL BETWEEN ONSET AND DEATH Some?	
				ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 154X	
				II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death. Paralysis agitans)		± 15 yrs.	
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) no		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) _____		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 July 20, 1949 , to Aug 3, 1949 , that I last saw the deceased alive on Aug 3, 1949 , and that death occurred at 11 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F.N. Johnson M.D.				23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 8/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 5, 1949		24c. NAME OF CEMETERY OR CREMATORY South Point Cemetery		24d. LOCATION (City, town, or county) (State) 1 mile n. Orrick, Mo.	
DATE REC'D BY LOCAL REG. Aug 9 1949		REGISTRAR'S SIGNATURE Malcolm Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Caste		ADDRESS Richmond, Mo	

RECEIVED AUG 16

District Health Officer No. 0,

District File Number.....

Date Filed 8-27-79

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... Thomas J. Carter

Licensee Embalmer No. 44724

P. O. Address Richmond, 1920

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.