No. 300
10-48

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37031

State File No. .....

BIRTH NO. ..... REG. DIST. NO. ~~13~~ 138 PRIMARY REG. DIST. NO. 5522 Registrar's No. ~~3~~ 38

43
0
0

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cross Timbers
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11 Miles East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cross Timbers - Jordan Twp
d. STREET ADDRESS (If rural, give location): 11 Miles East

43
0
0

3. NAME OF DECEASED (Type or Print): a. (First) Clorrinda b. (Middle) Susan c. (Last) Tucker

4. DATE OF DEATH (Month) (Day) (Year): Nov 7 - 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov 7 - 1878
9. AGE (In years last birthday): 70 — If under 1 year: Months 11, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Sullivan Co, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: E. Reed
13b. MOTHER'S MAIDEN NAME: Sarah E Green
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Vernon Tucker - Cross Timbers, 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

		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Myocarditis & Heart	10/1/49
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Prodrive Renal Vascular disease	11/15/49
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		442X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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?

22. *I hereby certify that I attended the deceased from* 10/22, 1949, *to* 11/7, 1949, *that I last saw the deceased alive on* 10/24, 1949, *and that death occurred at* 7.30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Glover MDU
23b. ADDRESS: Urbana Mo
23c. DATE SIGNED: 11/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 3-1949
24c. NAME OF CEMETERY OR CREMATORY: Gwier Cemetery
24d. LOCATION (City, town, or county) (State): Cross Timbers, Mo

DATE REC'D BY LOCAL REG.: Nov 23-49
REGISTRAR'S SIGNATURE: W. P. Hargiss 121 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gilbert Hathaway, Wheatland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No
District File Number 10-49
Date Filed 11-29-

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 Chas. E. Hattemer

Licensed Embalmer No. 4267

P. O. Address Wheatland, Wy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.