

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38443**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 397

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give town OR Farmington St. Francois) c. LENGTH OF STAY (in this place) RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Grove	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS Box 23 (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) ELBERT	b. (Middle) DAVID	c. (Last) TUCKER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1890
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 24 HRS. Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rural mail carrier and		10b. KIND OF BUSINESS OR INDUSTRY former teacher.	11. BIRTHPLACE (State or foreign country) Mountain Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Andrew Tucker		13b. MOTHER'S MAIDEN NAME Martha Barnhart	14. NAME OF HUSBAND OR WIFE Sarah Elizabeth Briscoe
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS State Hospital No. 4, Farmington, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 4 Hrs.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease	
DUE TO (c) _____		Unknown.	
II. OTHER SIGNIFICANT CONDITIONS		Psychosis with cerebral arteriosclerosis.	
Conditions contributing to the death but not related to the disease or condition causing death.			
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)	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 Nov. 1, 1948 to Nov. 9, 1949 , that I last saw the deceased alive on Nov. 9, 1949 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John W. Brennan M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo. 11-10-49	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 13, 1949	24c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	24d. LOCATION (City, town, or county) (State) Mountain Grove, Mo.
DATE REC'D BY LOCAL REG. Nov. 12, 1949	REGISTRAR'S SIGNATURE Ether R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grable-Windle, Mountain Grove, Mo.	

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

12-6-49

Officer No. 4

Number 1249-15

DEC 9 1949

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 *Paul L. Dwyer*

Licensed Embalmer No. 4120

P. O. Address Farrington Va

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.