

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41408

State File No. _____
Registrar's No. 407

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		REGISTRAR'S NO. 407				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Independence)				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Mo.				
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence San. & Hosp.				d. STREET ADDRESS (If rural, give location) 707 E. Herford						
3. NAME OF DECEASED (Type or Print)		a. (First) OWEN		b. (Middle) PRESTON		c. (Last) TUCK		4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 16, 1886		9. AGE (In years last birthday) 63		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Cole Co. Mo.				12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME David M. Tuck			13b. MOTHER'S MAIDEN NAME Prescilla Roberts			14. NAME OF HUSBAND OR WIFE -----				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Miss. Nellie Tuck					ADDRESS Indep. MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH 2 days		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES								
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								
		DUE TO (b) arteriosclerosis general						chronic		
		DUE TO (c) chronic arthritis						chronic		
		II. OTHER SIGNIFICANT CONDITIONS								
		Conditions contributing to the death but not related to the disease or condition causing death. Paraplegia - Cause unknown						6 mo		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4-20						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 Dec 7, 1949 , to Dec 31, 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE J. H. Harker (Degree or title) MD				23b. ADDRESS Independence mo				23c. DATE SIGNED Dec-31-1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JAN 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) Indep. Mo.				
DATE REC'D BY LOCAL REG. Jan 3, 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Indep. Mo.				

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

48
4

JAN 10 1950

1-10-50

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[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page]

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.