

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5647

State File No. _____

FILED FEB 17 1950

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u> c. LENGTH OF STAY (in this place) <u>64</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>U.</u> c. (Last) <u>Tucker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>2</u> <u>1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 17 1885</u>		9. AGE (In years last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert McLain</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Duvall</u>	
14. NAME OF HUSBAND OR WIFE <u>Leo Tucker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leo Tucker Perryville Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy cerebral</u> (b) <u>arteriosclerosis</u> (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u> <u>8-10 yrs</u> <u>8-10 yrs</u> <u>234X</u>	
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) (Minute) <u>5:55</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u>		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>May 1947</u> to <u>Feb 2, 1950</u> , that I last saw the deceased alive on <u>Feb 2, 1950</u> and that death occurred at <u>11:15 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. W. Kelly - M.D.</u>				23b. ADDRESS <u>Perryville, Mo.</u>			
23c. DATE SIGNED <u>2-3-50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 4 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Silver Lake Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 4-1950</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zoellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons</u>		ADDRESS <u>Perryville Mo.</u>	
(Licensed Embalmer's Statement on Reverse Side)							

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

RECEIVED

FEB 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-226

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 _____

Licensed Embalmer No. 3132

P. O. Address _____

Perryville 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.