

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15472

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>1048</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MEDORA</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BRKS, MO.</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEDORA</u>		<u>4120</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u>		b. (Middle) <u>A.</u>		c. (Last) <u>TUCKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-50</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-7-94</u>		
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Equip + Mfg Co</u>		11. BIRTHPLACE (State or foreign country) <u>ROCKBRIDGE, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>CHARLES TUCKER</u>			13b. MOTHER'S MAIDEN NAME <u>Laura</u>			14. NAME OF HUSBAND OR WIFE <u>JESSIE TUCKER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		(If yes, give war or dates of service) <u>WW-I</u>		16. SOCIAL SECURITY NO. <u>333-164847</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jeff Brks</u> ADDRESS <u>VA HOSPITAL RECORDS</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTRA-ABDOMINAL BLEEDING</u>						
		ANTECEDENT CAUSES						
		DUE TO (b) <u>CARCINOMA OF PROSTATE</u>						
		DUE TO (c) _____						
		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 _____						
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>177X</u>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		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 <u>4-19</u> , 19 <u>50</u> , to <u>4-22</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>4-22</u> , 19 <u>50</u> , and that death occurred at <u>2:15 am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>E. C. O'BRIEN</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>VA HOSPITAL, JEFF BRKS., MO.</u>		23c. DATE SIGNED <u>4-22-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summersville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Summersville Ill.</u>		
DATE REC'D BY LOCAL REG. <u>4-23-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Warner Funeral Home</u> ADDRESS <u>Medora, Ill.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 31 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *J. Allen Davis Jr*

Licensed Embalmer No. *4053*

P. O. Address *Davis 10 M*

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.