

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15673**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6215 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Horton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Horton - rural</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs.</b>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osage Twp.</b>		d. STREET ADDRESS (If rural, give location) <b>Osage Twp.</b>	

3. NAME OF DECEASED (Type or Print) <b>EMMA</b>	a. (First)	b. (Middle) <b>**</b>	c. (Last) <b>TUCKER</b>	4. DATE OF DEATH <b>April 15 1950</b>
				(Month) (Day) (Year)

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 2 1873</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Paris Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Davis</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mark Tucker</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Wiles, DeCatur, Ill.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma - Breast</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Don't know.</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Advanced age.</b>		<b>170X</b>	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 19, 1950, to April 15, 1950, that I last saw the deceased alive on Apr 1, 1950, and that death occurred at ? m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Love MD.</b> (Degree or title)	23b. ADDRESS <b>Nevada, Mo.</b>	23c. DATE SIGNED <b>4-19-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	24b. DATE <b>April 16, '50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Balltown</b>	24d. LOCATION (City, town, or county) (State) <b>Horton Missouri</b>
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DATE REC'D BY LOCAL REG. <b>April 19-1950</b>	REGISTRAR'S SIGNATURE <b>Ms Sarah E Gray</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Booth's Funeral Service - Rich Hill, Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1080

RECEIVED  
District Health Officer No. 7,  
District File Number 3-50-414  
Date Filed 4-27-50

**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 Robert H Stunbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.