S. No. 300
v. 10.48

1300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16275
State File No.

BIRTH NO. REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 535 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Dallas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Celt, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) Celt, Mo.

0300
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3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) H. c. (Last) Tucker

4. DATE OF DEATH (Month) (Day) (Year) 5-12-1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W
8. DATE OF BIRTH 6-17-1862
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 10 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mary L. Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME Ivan Tucker ADDRESS Buffalo Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary vessel disease — INTERVAL BETWEEN ONSET AND DEATH months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — years
DUE TO (c) Arterio-sclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic hypertrophy — years

19a. DATE OF OPERATION 4-29-50
19b. MAJOR FINDINGS OF OPERATION Prostatectomy
20. AUTOPSY? YES ☐ NO ☒

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) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20, 19 50 *to* 5-12, 19 50 *that I last saw the deceased alive on* 5-10, 19 50 *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE E. [illegible] M.D. (Degree or title) M.D.
23b. ADDRESS Springfield, Mo.
23c. DATE SIGNED 5-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-[illegible]-1950
24c. NAME OF CEMETERY OR CREMATORY Burks Chapel
24d. LOCATION (City, town, or county) (State) Dallas Co. Mo.

DATE REC'D BY LOCAL REG. 5/27/50
REGISTRAR'S SIGNATURE Mrs J. B. Jones
25. FUNERAL DIRECTOR'S SIGNATURE Montgomery Vaughn ADDRESS Buffalo Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5-29-50
District Health Officer No. 7,
District File Number 4-50-554
Date Filed 5-29-50

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Clyde Montgomery

Signed.....
Student Embalmer

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.