

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17159
Registrar's No. 2001

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 2001	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN JOPLIN		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN Mo 0495		d. STREET ADDRESS (If rural, give location) 2217 BYERS	
3. NAME OF DECEASED a. (First) JOSEPHINE b. (Middle) M. c. (Last) TUCKER				4. DATE OF DEATH (Month) (Day) (Year) 5 28-1950			
5. SEX FEMALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3-1-1873	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE			11. BIRTHPLACE (State or foreign country) KANSAS	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S, MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CHAS. H. TUCKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHAS. H. TUCKER 2217 BYERS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Double pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 4-5-1950, to 5-28-1950, that I last saw the deceased alive on 5-27-1950, and that death occurred at about 1 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Ed. J. James, M.D. (Degree or title)				23b. ADDRESS JOPLIN Mo		23c. DATE SIGNED 5-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-1-50		24c. NAME OF CEMETERY OR CREMATORY FORREST PARK		24d. LOCATION (City, town, or county) (State) JOPLIN Mo	
DATE REC'D BY LOCAL REG. 5-29-50		REGISTRAR'S SIGNATURE Ed. J. James 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HURLBUT GLOVER MORT. 42259X			

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-9-50

Jasper County Health Office

County File Number 50-6-452

Date Filed 6-9-50

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

Ernest A. Hilde

working under my personal supervision.

Student Embalmer No. 322

Signed *Ernest A. Hilde*
Student Embalmer

Signed *Dale Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.