

FILED JUN 12. 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17853

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 131			
1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u>		c. LENGTH OF STAY (in this place) <u>1 year.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan.</u>		0911			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>412 Chestnut.</u>				d. STREET ADDRESS (If rural, give location) <u>412 Chestnut.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grid</u>		b. (Middle) <u>Jolly</u>		c. (Last) <u>Tucker.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 27, 1950.</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>March 16, 1874.</u>	9. AGE (In years last birthday) <u>76.</u>	IF UNDER 1 YEAR Months <u>2-</u> Days <u>11-</u>	IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		11. BIRTHPLACE (State or foreign country) <u>Hudson, Kentucky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Benjamin H. Tucker.</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Tucker.</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Tucker.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O. P. Tucker. West Plains, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5-19-50.</u>	
				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. <u>490X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Doniphan Mo.</u>					
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 <u>1-15</u> , 19 <u>50</u> , to <u>5-1</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:00A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (If free or title) <u>C. Goforth, M.D., Doniphan, Mo.</u>				23b. ADDRESS <u>Doniphan, Mo.</u>				23c. DATE SIGNED <u>5-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>May 30, 1950.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK Ridge Church of God, Mo. Hwy. 14, Ripley Co., Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-30-50.</u>		REGISTRAR'S SIGNATURE <u>E. G. Johnston 277</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Mearns, Doniphan, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

911

RECEIVED 6-5-50

District Health Officer No. 8

District File Number 650332

Date Filed 6-8-50

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.