

FILED JUL 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23345

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 624

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 409 W. CHASE | | d. STREET ADDRESS (If rural, give location) 409 W. CHASE | |

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|---|-------------------------------|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) CAROLEE b. (Middle) LEE c. (Last) TUCKER | | 4. DATE OF DEATH (Month) (Day) (Year) JULY 11 1950 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | 8. DATE OF BIRTH 5 FEB. 1933 |
| 9. AGE (In years last birthday) 17 | | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITRESS | | 10b. KIND OF BUSINESS OR INDUSTRY WAITRESS | 11. BIRTHPLACE (State or foreign country) MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |

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| 13a. FATHER'S NAME BLANCH TUCKER | 13b. MOTHER'S MAIDEN NAME FLOYE HENDRIX | 14. NAME OF HUSBAND OR WIFE ✓ |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No | 16. SOCIAL SECURITY NO. 486-34-3119 | 17. INFORMANT'S SIGNATURE OR NAME BLANCH TUCKER |
| | | ADDRESS SPGFD. MO. |

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|---|-----------------------|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound thru heart | DUE TO (b) _____ | | instant |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) _____ | | E9710X |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|---|--|
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Mo. |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) July 11 50 11:30 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? self inflicted 38 cal. pistol wound. |

22. I hereby certify that I attended the deceased from **7-11-50** to **7-11-50**, that I last saw the deceased **dead** on **7-11-50**, and that death occurred at **11:30 p.m.** from the causes and on the date stated above.

| | | |
|--|---|---|
| 23a. SIGNATURE Sandolph J. [Signature] (Degree or title) Coroner | 23b. ADDRESS Springfield, Missouri | 23c. DATE SIGNED 7-12-50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 15 JULY 1950 | 24c. NAME OF CEMETERY OR CREMATORY Mt. GILEAD CEMETERY |
| 24d. LOCATION (City, town, or county) (State) NEAR BOLIVAR MO. | | |
| DATE REC'D BY LOCAL REG. 7-14-50 | REGISTRAR'S SIGNATURE W. E. Handy | 25. FUNERAL DIRECTOR'S SIGNATURE J. H. Kingner & Co. ADDRESS Spfld. Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. B. Klugner*

Licensed Embalmer No. 3358

P. O. Address SPRINGFIELD

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.