

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24234

FILED AUG 7 1950

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5917		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural St. Marys		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Rural St. Marys		0790	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Leo		b. (Middle) P.		c. (Last) Tucker		4. DATE OF DEATH (Month) July (Day) 14 (Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 9 1859	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 91		11. BIRTHPLACE (State or foreign country) Perry Co. Mo.	
13a. FATHER'S NAME Josiah Tucker		13b. MOTHER'S MAIDEN NAME Sarah Mills		14. NAME OF HUSBAND OR WIFE Elezabeth McBride		12. CITIZEN OF WHAT COUNTRY U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hubert Tucker Perryville Mo. ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral vascular disease</i> 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. 4200			
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)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		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 8-8, 1946 to 7-14, 1950, that I last saw the deceased alive on 7-14, 1950, and that death occurred at 10:30 a.m. from the causes and on the date stated above.							
23a. SIGNATURE <i>F. W. Felt</i>				23b. ADDRESS Perryville Mo.		23c. DATE SIGNED 7-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 17 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Perryville Mo.	
DATE REC'D BY REG. July 17-1950		REGISTRAR'S SIGNATURE <i>Jess J. Zellmer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Young & Sons</i>		ADDRESS Perryville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 1 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

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.....
Student Embalmer

Signed

Wallace J. Jany

Licensed Embalmer No. *4027*

P. O. Address *Perryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.