

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29918

State File No.

FILED SEP 22 1950

 BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> (3.5)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Mamie</u>	b. (Middle) <u>Eloise</u>	c. (Last) <u>Tucker</u>	Sept. 4, 1950		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 14, 1944</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>Senath, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Wade E. Tucker</u>	13b. MOTHER'S MAIDEN NAME <u>Wilda Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wade E. Tucker</u>	ADDRESS <u>Senath, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma, bone & metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 Feb '50 to 4 Sept '50</u> <u>196X</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 25 Aug, 1950, to 4 Sept, 1950, that I last saw the deceased alive on 4 Sept, 1950, and that death occurred at 12:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ebent M. Mohler Jr M.D.</u>	23b. ADDRESS <u>Senath, Mo.</u>	23c. DATE SIGNED <u>6 Sept '50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Senath Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Senath, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-10-50</u>	REGISTRAR'S SIGNATURE <u>Mrs J. H. Lane</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Funeral Home</u>	ADDRESS <u>Senath, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-20-50
COUNTY FILE NUMBER 950-268..

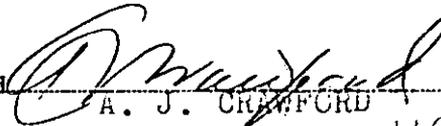
STATEMENT BY LICENSED EMBALMER

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.

Signed



A. J. CRAWFORD

Licensed Embalmer No. 4466

SENATH, MISSOURI

P. O. Address

Signed
Student Embalmer

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.