

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34316**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **72**

791  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Perryville Mo.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Perryville Mo.</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>0791</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arsan</b>		b. (Middle)	
c. (Last) <b>Tucker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 9 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 4 1867</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>	11. BIRTHPLACE (State or foreign country) <b>Perry Co. Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Josiah Tucker</b>		13b. MOTHER'S MAIDEN NAME <b>Mary R. Brewer</b>	
13c. MOTHER'S MAIDEN NAME <b>Mary R. Brewer</b>		14. NAME OF HUSBAND OR WIFE <b>Mary A. Tucker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mary A. Tucker</b>		ADDRESS <b>Perryville Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atherosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>42.00</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <b>April 1948</b> to <b>Oct 9, 1950</b> that I last saw the deceased alive on <b>Oct 9, 1950</b> and that death occurred at <b>10:30 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. W. Feld</b>		23b. ADDRESS <b>Perryville Mo</b>	
23c. DATE SIGNED <b>10-10-50</b>		23c. DATE SIGNED <b>10-10-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 12 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Boniface Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Perryville Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct 20 1950</b>		REGISTRAR'S SIGNATURE <b>J. W. Feld</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Young Sons Perryville Mo</b>		ADDRESS <b>Perryville Mo</b>	

RECEIVED

NOV 9 1950

DISTRICT HEALTH OFFICE No. (

File No.....

DEC 20 1954

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 Young*

Licensed Embalmer No. *4027*

P. O. Address *Perryville, 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.