

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43686**  
Registrar's No. **177**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **6** PRIMARY REG. DIST. NO. **4450**

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dodiphan</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dodiphan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>105 HIGHWAY STREET</b>		d. STREET ADDRESS (If rural, give location) <b>105 HIGHWAY STREET</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>		b. (Middle) <b>E.</b>	
c. (Last) <b>TUCKER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11 26 1950</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>9-1-1956</b>
9. AGE (In years last birthday) <b>94</b>		10. MONTHS <b>2</b> DAYS <b>25</b> HOURS <b></b> MIN. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE-RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	
11. BIRTHPLACE (State or foreign country) <b>HARDIN COUNTY TENN</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>WILLIAM BURDEN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>WILLIAM T. 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>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS HERBERT CLARK</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 Week</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>12-22-11</b>	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" 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 OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <b>Nov 1</b> , 19 <b>50</b> , to <b>Nov. 26</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Nov. 25</b> , 19 <b>50</b> , and that death occurred at <b>10:00 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Clifford G. Gault</b>		23b. ADDRESS <b>Dodiphan Mo</b>	
23c. DATE SIGNED <b>1-10-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>11-29-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>TUCKER CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>Ripley County Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lynn Edward</b>	
DATE REC'D BY LOCAL REG. <b>1-10-51</b>		REGISTRAR'S SIGNATURE <b>E. G. Johnston</b>	
ADDRESS <b>DODIPHAN MISSOURI</b>		ADDRESS <b>DODIPHAN MISSOURI</b>	

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

RECEIVED

FEB 8 1951

DISTRICT HEALTH OFFICE No. 6

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.....

11-26-50

working under my personal supervision.

Student Embalmer No.....

Signed Geo. P. Lumbel

Signed.....  
Student Embalmer

Licensed Embalmer No. 3475

P. O. Address Douglas, Missouri

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: NO - 11 - 11