

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4945

State File No. 685

FILED MAR 3 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Archie</u>		<u>0079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep Ave Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>RFD #2</u>			
3. NAME OF DECEASED (Type or Print) <u>BRANCH</u>		a. (First)		b. (Middle)		c. (Last)	
				<u>TUCKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <u>Aug 29-1866</u>	
		<u>Widowed</u>				9. AGE (in years last birthday) IF UNDER 1 YEAR (Months) (Days) IF UNDER 1 HRS. (Hours) (Min.) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>J. T. Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Orin Tucker</u>			
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 ADDRESS <u>Merrill W. Tucker 6657 Woodland - RCM</u>			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u> <u>years</u> <u>33 1/2</u>	
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 OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-19</u> , 19 <u>50</u> , to <u>2-12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-12</u> , 19 <u>51</u> , and that death occurred at <u>3:20 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.A. Murren</u> (Degree or title) <u>J.D.</u>				23b. ADDRESS <u>510-12 1/2 Walnut Bldg K.C. Mo</u>		23c. DATE SIGNED <u>2-13-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-13-51</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Rummenburgers</u>		ADDRESS <u>Harrisonville Mo</u>	

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed *Ernest Rannenberg*

Licensed Embalmer No. *3368*

P. O. Address *Harrisonville, 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.