

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17690

State File No. ....

218

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where Decased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Rural Thomas</u>		c. LENGTH OF STAY (in this place) <u>35 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u> <u>0910</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doniphan Rt.</u>		d. STREET ADDRESS (If rural, give location) <u>Doniphan Rt. 1 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Catherine</u> b. (Middle) <u>Tucker</u> c. (Last) <u>Tucker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 10, 1869</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Victoria, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Nick Moak</u>	
13b. MOTHER'S MAIDEN NAME <u>Abigal Coleman</u>		14. NAME OF HUSBAND OR WIFE <u>E. Tucker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Forrest Tucker Paragould, Ark.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>hypertension</u> DUE TO (c) <u>general infirmities of old age</u> 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 <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>	
22. I hereby certify that I attended the deceased from <u>May 1, 1951</u> , to <u>June 3, 1951</u> , that I last saw the deceased alive on <u>May 25, 1951</u> , and that death occurred at <u>9 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>6/4/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley Co; Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-8-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>277</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Emmerson Funeral Home Paragould Ark</u>	

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

SEP 8 1951

RECEIVED

JUN 11 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

**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.

Student .....  
Student Embalmer

Signed *Dwight McCarty* .....

Licensed Embalmer No. *4079* .....

P. O. Address *Wayton, Minn.* .....

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.