

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19370

State File No.

FILED JUL 2 - 1951

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026 Registrar's No. 36

0050
1

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purdy	c. LENGTH OF STAY (If this place) Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Purdy	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print), a. (First) Harriet b. (Middle) _____ c. (Last) Tucker	4. DATE OF DEATH (Month) (Day) (Year) June 3 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 17 - 1857	9. AGE (In years last birthday) (Month) (Day) (Hour) (Min.) 94 4 17	IF UNDER 1 YEAR IF UNDER 12 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mace Combs	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Tucker	deceased
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Jeffries. Nowater,	ADDRESS Oklahoma
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 11-1-42, 1942, to 6-4, 1951, that I last saw the deceased alive on 6-3, 1951, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Baldwin M.D.	23b. ADDRESS Purdy Mo	23c. DATE SIGNED 6-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 5 - 1951.	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant.	24d. LOCATION (City, town, or county) (State) Barry Mo.
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DATE REC'D BY LOCAL REG. 6-20-51	REGISTRAR'S SIGNATURE W. M. West	25. FUNERAL DIRECTOR'S SIGNATURE Bennett & Wormington	ADDRESS Monett, Mo.
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~~DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED JUN 25 1951~~

~~Dist. File _____
Date Filed _____~~

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 25 1951

Dist. File 621-1382

Date Filed 6-25-51

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 Richard B. Bennett

Signed
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, 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.