

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22376

State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 22

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| 1. PLACE OF DEATH a. COUNTY <u>Carter</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural J.T.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> | |
| c. LENGTH OF STAY (in this place) <u>life</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 2 Ellinsore Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Henry</u> | b. (Middle) <u>Tucker</u> | c. (Last) <u>Tucker</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-51</u> |
|-------------------------------------|-------------------------|---------------------------|-------------------------|--|

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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>7-1-1871</u> | 9. AGE (In years last birthday) <u>79</u> | If UNDER 1 YEAR Months <u>11</u> Days <u>37</u> | If UNDER 2 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Carter Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Gillie Tucker</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Carson Tucker</u> | ADDRESS <u>Ellinsore Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> | DUE TO (b) <u>Arteriosclerosis, hypertension</u> | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>447X</u> | 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from June 21, 1951, to June 27, 1951, that I last saw the deceased alive on 6-27, 1951, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J.H. Cotton M.D.</u> (Degree or title) | 23b. ADDRESS <u>Van Buren Mo.</u> | 23c. DATE SIGNED <u>7/6/51</u> |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-29-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>White's Final</u> | 24d. LOCATION (City, town, or county) (State) <u>Carter Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>July 11-51</u> | REGISTRAR'S SIGNATURE <u>Mrs. Oleta Henderson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Furchel</u> | ADDRESS <u>Poplar Bluff Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JUL 14 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 6-27-5

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Caplan Bluff Tr

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.