S. No. 300
S. 10.48

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

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22801

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5453 Registrar's No. 11

1390 / 1

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Brookline Twsp
c. LENGTH OF STAY (in this place): Few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 2, Republic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): 1026 Hovey Street

3. NAME OF DECEASED (Type or Print)
a. (First): LESTER
b. (Middle): E.
c. (Last): TUCK

4. DATE OF DEATH (Month) (Day) (Year): July 22, 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1 Nov. 1896
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY: City Utilities
11. BIRTHPLACE (State or foreign country): Elwood, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Tuck
13b. MOTHER'S MAIDEN NAME: Diana Fitzgerald
14. NAME OF HUSBAND OR WIFE: Rosena Tuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 491-03-8570
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Rosena Tuck, Springfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): NATURAL CAUSES (HEART) — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

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
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Dr. E. Allen Pickens 3 Coroner
23b. ADDRESS: Springfield, Mo.
23c. DATE SIGNED: 8-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 26 July 1951
24c. NAME OF CEMETERY OR CREMATORY: Clear Creek
24d. LOCATION (City, town, or county) (State): Greene County, Missouri

DATE REC'D BY LOCAL REG.: 8-9-1951
REGISTRAR'S SIGNATURE: Florence Britain 105
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fred C. Thieme, Springfield, Mo.

Corrected copy.

(Licensed Embalmer's Statement on Reverse Side)

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 Fred C. Thieme, ~~Student~~ Embalmer No. 2897, working under my personal supervision.

Student .....
Student Embalmer

Signed Ralph A. Thieme

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.