

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29564

FILED SEP 17 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 910

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) Most of Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 2117	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hotel Robidoux		d. STREET ADDRESS (If rural, give location) Hotel Robidoux	

3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Estelle c. (Last) Tucker			4. DATE OF DEATH (Month) (Day) (Year) September 7, 1951.		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH About 1881.	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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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 Own Home	11. BIRTHPLACE (State or foreign country) Forest City, Missouri. D		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME M. S. Norman		13b. MOTHER'S MAIDEN NAME Anna Cotton		14. NAME OF HUSBAND OR WIFE Wm. Peyton Tucker	
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norman Peyton Tucker #1 St. Joseph, Mo.			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident			INTERVAL BETWEEN ONSET AND DEATH 7 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized			years
	DUE TO (c) Hypertension			
	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 <input type="checkbox"/> NO <input checked="" 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) 331X	
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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?	
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22. I hereby certify that I attended the deceased from 13 March, 1947, to 4 Sept, 1951, that I last saw the deceased alive on 4 Sept, 1951, and that death occurred at 5:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter P. McDonald M.D.		23b. ADDRESS 301 N. 8th St.	23c. DATE SIGNED 10 Sept 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE Sept. 10, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery.	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Sept. 13, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Address Walter H. Hoffer	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

CG 19

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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

Raymond H. ...

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.