

STANDARD CERTIFICATE OF DEATH

LEB JAN 3 1952

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6255 Registrar's No. 34

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| 1. PLACE OF DEATH a. COUNTY <u>Wayne</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cowan Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marquand, Missouri</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Elias</u> | b. (Middle) <u>Marion</u> | c. (Last) <u>Tucker</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>11 19 1951</u> |

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|--------------------|-------------------------------|--|-----------------------------------|---|---|---|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED <u>(Specify)</u> | 8. DATE OF BIRTH <u>2-15-1880</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u> | IF UNDER 24 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>farmling</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Wayne County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>William Tucker</u> | 13b. MOTHER'S MAIDEN NAME <u>Katherine Harrison</u> | 14. NAME OF HUSBAND OR WIFE <u>Lue Alma Tucker</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willard Tucker, Madison, Ill.</u> |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ac. heart failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> 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 | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 Nov 27, 1944, to Nov. 10, 1951, that I last saw the deceased alive on Nov. 10, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|----------------------------------|
| 23a. SIGNATURE <u>W. J. ...</u> (Degree or title) | 23b. ADDRESS <u>Piedmont, Missouri</u> | 23c. DATE SIGNED <u>12/10/51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-21-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Des Arc Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Des Arc, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>12 31 51</u> | REGISTRAR'S SIGNATURE <u>Mabel Beasley</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William Godu Piedmont, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

1110

RECEIVED

JAN 2 1953
WAYNE CO. HEALTH CENTER

FILE No. 152-3

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 _____

Coder Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

William Coder

Licensed Embalmer No. 3723

P. O. Address piedmont, 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.