

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7546**
Registrar's No. **7153**

FILED APR 10 1952

| | | | | | | | |
|---|------------------------------|---|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>43</u> | | PRIMARY REG. DIST. NO. <u>5143</u> | | Registrar's No. <u>7153</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>0120, Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Butler</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler Poplar Bluff</u> | | c. LENGTH OF STAY (In this place) <u>5 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler Poplar Bluff</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Tucker</u> c. (Last) <u>Tucker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-29-52</u> | | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>6-16-1887</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u> | IF UNDER 1 HR. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u> | | 11. BIRTHPLACE (State or foreign country) <u>Shawneetown Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Price Williams</u> | | 13b. MOTHER'S MARDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Thomas C Tucker</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford Tucker Poplar Bluff, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suspected C. of C. heart</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia, chronic nephritis, arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>159x</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) (Min.) | | 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 <u>28 Mar, 1952</u> , to <u>29 Mar, 1952</u> , that I last saw the deceased alive on <u>28 Mar, 1952</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Cyril A. Robertson D. Poplar Bluff, Mo.</u> | | | | 23b. ADDRESS <u>Poplar Bluff, Mo.</u> | | 23c. DATE SIGNED <u>31 Mar 52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-31-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Liberton, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>March 31, 1952</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> | | 4280 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phelps Leuchel Poplar Bluff Mo.</u> | |

RECEIVED
APR 7 - 1952
BUTLER CO. HEALTH CENTER
FILE No. 452-182

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 3-29-J

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Feuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff, 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.