

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16124

State File No. \_\_\_\_\_

No. 200  
10. 48

390

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

JUN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 541

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 2nd Robberson</u> <u>1390</u>	
		d. STREET ADDRESS (If rural, give location) <u>Rt. 2 Willard Missouri</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u> b. (Middle) <u>E.</u> c. (Last) <u>TUCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-29-1888</u>
9. AGE (in years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Mins. _____
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 (City and State or Foreign Country) <u>Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Tuck</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Horner</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Tuck</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hill Tuck Brighton, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>	
		<p>ANTECEDENT CAUSES</p> <p>Due to (b) <u>Coronary arteriosclerosis</u></p> <p>Due to (c) <u>Generalized arteriosclerosis.</u></p>	
		<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>5-27-1952</u> , to <u>6-2-1952</u> , that I last saw the deceased alive on <u>6-2-1952</u> , and that death occurred at <u>3:55p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. M. Klingner</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>1630 N. Jefferson</u>	
		23c. DATE SIGNED <u>6-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-6-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Robberson Prairie Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Greene Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-5-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u> Deputy	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner &amp; Co. Springfield Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

VS  
APR 30 1959

**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 \_\_\_\_\_

Licensed Embalmer No. 4071

P. O. Address \_\_\_\_\_

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.