

FILED JAN 15 1952
 5. No. 300
 v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

41656

State File No.

| | | | | | | | |
|--|----------------------------------|--|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>13</u> | | PRIMARY REG. DIST. NO. <u>3007</u> | | Registrar's No. <u>575</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (in this place) <u>16</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u> | | <u>1030</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Route # 1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>C.</u> c. (Last) <u>TUCKER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 26, 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>3-2-96</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months Days Hours Min. | | |
| 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>INDIANA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>JOHN R. TUCKER</u> | | 13b. MOTHER'S MAIDEN NAME <u>MAGGIE GOLDSBORO</u> | | 14. NAME OF HUSBAND OR WIFE <u>MEREDIETH TUCKER</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u> | | 16. SOCIAL SECURITY NO. <u>UNKNOWN</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> ANTECEDENT CAUSES DUE TO (b) <u>CORONARY OCCLUSION</u> DUE TO (c) <u>HYPERTENSIVE CARDIO VASCULAR DISEASE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>16</u> | |
| 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 <u>MA</u> attended the deceased from <u>Dec 10</u> , 19 <u>52</u> , to <u>Dec 26</u> , 19 <u>52</u> , and that death occurred at 1:55 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>A. Y. DeLaney</u> (Degree or title) <u>A. Y. DeLANEY, Officer of Day</u> | | | | 23b. ADDRESS <u>VA HOSPITAL, POPLAR BLUFF, MO.</u> | | 23c. DATE SIGNED <u>12-26-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-28-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Gravel Hill Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>12-29-52</u> | | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-1</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chiles Und. Co. Bloomfield, Mo.</u> | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JAN 13 1953

BUTLER CO. HEALTH CENTER

FILE No. 153-20

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, ~~only~~.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. Koper Blk

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.