

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43167

State File No. 4408

FILED JAN 13 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3 Registrar's No. 3

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Jacksonville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jacksonville</u> | |
| c. LENGTH OF STAY (In this place) <u>71 years</u> | | d. STREET ADDRESS (If rural, give location) <u>Not Named</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Frank</u> c. (Last) <u>Stuck</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 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>June 6, 1867</u> | | 9. AGE (In years last birthday) <u>85</u> | | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Carpenter</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne County, Indiana</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>William Stuck</u> | | | |
| 13b. MOTHER'S MAIDEN NAME <u>Barbara Boyd</u> | | 14. NAME OF HUSBAND OR WIFE <u>Tarrie Stuck</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tarrie Stuck - Jacksonville, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | |

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|--|--|---|--|
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> | |
| ANTECEDENT CAUSES | | DUE TO (b) <u>Arteriosclerosis</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS | | DUE TO (c) <u>Myocarditis</u> | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | years. _____ | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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>Oct 15, 1948</u> , to <u>Oct 28, 1952</u> , that I last saw the deceased alive on <u>Aug 15, 1952</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Donald E Eggleston MD</u> (Degree or title) | | 23b. ADDRESS <u>Macon, Missouri</u> | | 23c. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 30, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mtn. Salem</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Macon County Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert S. Skinner</u> ADDRESS _____ | | | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Jan 5-52</u> | | REGISTRAR'S SIGNATURE <u>Earl Wheeler</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert S. Skinner</u> ADDRESS _____ | |
|--|--|---|--|---|--|

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

Just rec'd - no reason given me for delay

Leah Louise
Pearl ...
... by ...

NOV 5 0 1967

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Macon, 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.