

S. No. 300
EV. 10.48

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1164

42

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5464 Registrar's No. _____

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>Willard,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willard, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moran Park</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lather</u> b. (Middle) <u>Marvin</u> c. (Last) <u>Tuck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13, 1953</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>Sept. 6, 1868</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming-Stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming & Stock</u>	11. BIRTHPLACE (State or foreign country) <u>Brighton, Missouri</u>
13a. FATHER'S NAME <u>Edward Tuck</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>Maude May Tuck</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Maude May Tuck, Willard, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	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>May 6, 1952</u> to <u>Jan 13, 1953</u> that I last saw the deceased alive on <u>Jan 10, 1953</u> and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Remond O. Ogels M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield, Mo</u>	23c. DATE SIGNED <u>1-13-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 14, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morrisville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morrisville, Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-16-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greenwade-Windle, Willard, Missouri</u>

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

Coffin
-bb-

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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

Bernard F. Wright

Licensed Embalmer No. *4293*

P. O. Address *Springfield*

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.