

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No.

6880

FILED FEB 27 1953

BIRTH NO.

REG. DIST. NO. 209

PRIMARY REG. DIST. NO. 5261

Registrar's No. 8

## 1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, write RURAL and give town)

Rural Liberty

c. LENGTH OF STAY (In this place)

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Marion

c. CITY (If outside corporate limits, write RURAL and give township)

Rural

d. STREET ADDRESS

(If rural, give location)

## 3. NAME OF DECEASED

a. (First)

Fred

b. (Middle)

Tuescher

c. (Last)

4. DATE OF DEATH

(Month) (Day) (Year)  
Feb. 1 1953

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single ( )

8. DATE OF BIRTH

2/26/1870

9. AGE (In years last birthday)

82

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Adam Tuescher

13b. MOTHER'S MAIDEN NAME

Not known

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME

S. A. Drake

ADDRESS

Palmyra Mo.

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)

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Mental Deterioration

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 

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  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22 1953, to Feb 1, 1953, that I last saw the deceased alive on Jan 22, 1953 and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE

R. M. Lucie, M.D.

(Degree or title)

23b. ADDRESS

Harcourt, 500

23c. DATE SIGNED

2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2/4/53

24c. NAME OF CEMETERY OR CREMATORY

Philadelphia Cem.

24d. LOCATION (City, town, or county)

Philadelphia Mo.

(State)

DATE REC'D BY LOCAL REG.

2/18/53

REGISTRAR'S SIGNATURE

R. M. Lucie

25. FUNERAL DIRECTOR'S SIGNATURE

C. J. Shague

ADDRESS

Palmyra Mo.

0640

0640

FEB 26 1953

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED FEB 26 1953

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 *E. J. Squague* .....

Licensed Embalmer No. 3245 .....

P. O. Address Palmyra 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.