

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10134

State File No.

FILED APR 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1554

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 34yrs.		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3844 College Avenue		e. STREET ADDRESS (If rural, give location) 3844 College Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Pearl			b. (Middle) Ann			c. (Last) Tucker			4. DATE OF DEATH (Month) (Day) (Year) March 14 1953		
---	--	--	------------------------	--	--	-------------------------	--	--	--	--	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH June 16-1892		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 48 HRS. Hours		IF UNDER 1 Min. Min.	
-------------------------	--	----------------------------------	--	---	--	---	--	--	--	---------------------------	--	--------------------------	--	---------------------------	--	-------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Great Bend, Kansas				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
---	--	--	--	-----------------------------------	--	--	--	---	--	--	--	---	--	--	--

13a. FATHER'S NAME A.L. Whitecomb				13b. MOTHER'S MAIDEN NAME Louisa David				14. NAME OF HUSBAND OR WIFE Ernest Tucker			
---	--	--	--	--	--	--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DEAN W. TUCKER, 3823 E 62nd St. K. C. Mo.					
---	--	--	--	--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast								5 years	
		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.								170X	

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) (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 March 13, 1953, to March 14, 1953, that I last saw the deceased alive on March 13, 1953, and that death occurred at 9:30P m., from the causes and on the date stated above.

23a. SIGNATURE Jack W. Wolf		(Degree or title) M.D. MD		23b. ADDRESS 206 Apple Bldg Kansas City Mo		23c. DATE SIGNED March 14, 1953	
---------------------------------------	--	-------------------------------------	--	--	--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 17-1953		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) KANSAS CITY - MISSOURI	
--	--	-----------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 3-17-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE DW Newcomer		ADDRESS 1331 BRUSH OAK Kansas City Mo	
--	--	---	--	--	--	---	--

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

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.....
Signature of Student Embalmer

Signed *Emmer Thomas*.....

Licensed Embalmer No. *264*

P. O. Address *Kansas City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.