

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34709

State File No. _____

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 61

950

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

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ste. Genevieve</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ste. Genevieve</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>River Aux Vases, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. # 1 Ste. Genevieve</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUELLA</u>		b. (Middle) <u>TUCKER</u>	
c. (Last) <u>TUCKER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 15, 1881</u>
9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES TILMAN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Eddie Tucker</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>Virgle Tucker</u>		ADDRESS <u>Box 367 Ste. Genevieve, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ 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>2yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2yrs</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) <u>4222</u>			
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>July 5, 1953</u> , to <u>Sept. 20, 1953</u> , that I last saw the deceased alive on <u>Sept. 18, 1953</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arthur E. ... M.D.</u>		23b. ADDRESS <u>Ste. Genevieve Mo</u>	
23c. DATE SIGNED <u>9-21-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 23, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 22, 1953</u>		REGISTRAR'S SIGNATURE <u>Annelle Basler</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leone H. ...</u>		ADDRESS <u>Ste. Genevieve, Mo</u>	

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 _____

James H. Steeds

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.