

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38041**

FILED NOV 12 1953		REG. DIST. NO. 348		PRIMARY REG. DIST. NO. 4572		Registrar's No. 11	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Sullivan		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newtown		a. STATE Missouri		b. COUNTY Sullivan	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. LENGTH OF STAY (in this place) 8 Yrs.		c. CITY OR TOWN Newtown		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)				e. STREET ADDRESS (If rural, give location)		1050	
a. (First) William		b. (Middle) Madison		c. (Last) Tucker		4. DATE OF DEATH (Month) (Day) (Year) October 29, 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 11, 1870	
9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Putnam County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		13a. FATHER'S NAME Jeremiah M. Tucker		13b. MOTHER'S MAIDEN NAME Frances Sandford		14. NAME OF HUSBAND OR WIFE Mrs. Ida Myrtle Tucker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Myrtle Tucker Newtown, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1 year	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		II. OTHER SIGNIFICANT CONDITIONS					
*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 (c)					
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 Mar. 17, 1945 , to Oct. 29, 1953 , that I last saw the deceased alive on Oct. 29, 1953 , and that death occurred at 4:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE J. H. Dale (Deputy or title)				23b. ADDRESS Newtown, Mo.		23c. DATE SIGNED 11/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/1/53		24c. NAME OF CEMETERY OR CREMATORY Center Grove Cemetery		24d. LOCATION (City, town, or county) (State) Sullivan County, Missouri	
DATE REC'D BY LOCAL REG. Nov. 9.		REGISTRAR'S SIGNATURE Brita Caldwell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Comstock Funeral Home By: John H. Comstock Unionville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1050
1

S. No. 300
V. 10.48

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 *John N. Comstock*

Licensed Embalmer No. *3891*

P. O. Address *Unionville,*

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.