

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44871

State File No.

FILED DEC 18 1953

BIRTH NO. REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 39

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Scott</u> | |
| b. CITY OR TOWN <u>Chaffee</u> | | c. CITY OR TOWN <u>Chaffee</u> | |
| c. LENGTH OF STAY (In this place) <u>12 wks</u> | | d. STREET ADDRESS (If rural, give location) <u>203 Coot Ave</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 Coot Ave</u> | | e. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 Coot Ave</u> | |

| | | | | | |
|---|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>Henry</u> c. (Last) <u>Tucker</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 8 1853</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>Dec 20, 1880</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | 11. BIRTHPLACE (State or foreign country) <u>Parryville Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

| | | | | | |
|---|--|--|---|---|--|
| 13a. FATHER'S NAME <u>Highway Tucker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Champ</u> | | 14. NAME OF HUSBAND OR WIFE <u>Josephine Hoefler Tucker</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Moore Carroll Chaffee 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> |
| | ANCECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> | | <u>30 yrs.</u> |
| | DUE TO (c) <u>Hepatic cirrhosis</u> | | <u>15 yrs?</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis</u> | | <u>15 yrs?</u> |

| | | |
|---|--|--|
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u> | 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Chaffee Scott Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>none</u> |

22. I hereby certify that I attended the deceased from 9/14/53, 1953, to 11-12, 1953 that I last saw the deceased alive on 11/12, 1953, and that death occurred at 10:30 am., from the causes and on the date stated above.

| | | | | | |
|--|--|--|--|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Walter H. Schmeyer, D.O.</u> | | 23b. ADDRESS <u>Chaffee Mo</u> | | 23c. DATE SIGNED <u>12/10/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-10-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St Augustine Catholic</u> | 24d. LOCATION (City, town, or county) (State) <u>Chaffee Scott Co Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-10-53</u> | REGISTRAR'S SIGNATURE <u>Trustful Register</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bisplinghoff Funeral Home Chaffee Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

1201

RECEIVED 12-17-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1253-270

SCOTT COUNTY HEALTH CENTER

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Jack I. Burnett
Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.