

FILED JUN 9 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16220

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2390

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City mo c. LENGTH OF STAY (in this place) 30 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION 2530 Pennsylvania 92

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Kansas City mo  
 d. STREET ADDRESS (If rural, give location) 7530 Pennsylvania 3928

3. NAME OF DECEASED  
 a. (First) Richard b. (Middle) Walter c. (Last) Tucker  
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) May 19 1954  
 5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 2-8-24-1877 9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 12 HRS. Min. 76

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

13a. FATHER'S NAME John Tucker 13b. MOTHER'S MAIDEN NAME Miranda Stanley 14. NAME OF HUSBAND OR WIFE Addie Belle 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. 499-09-9641 17. INFORMANT'S SIGNATURE OR NAME Mrs B J King ADDRESS 7530 Pennsylvania

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cardio-Vascular disease INTERVAL BETWEEN ONSET AND DEATH 2 yrs  
 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. 4221

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 April 1, 1954 to May 19, 1954, that I last saw the deceased alive on May 19, 1954, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Orval T. Needels MD 23b. ADDRESS 7400 Wornall Pk. No 23c. DATE SIGNED May 20, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-22-54 24c. NAME OF CEMETERY OR CREMATORY Stanley Cemetery 24d. LOCATION (City, town, or county) (State) Jackson Co mo

DATE REC'D BY LOCAL REG. 5-21-54 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS France-Wornall Funeral Home

K.C. mo

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Oival T. Needels, M.D.

**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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K. C. 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.