

THE DIVISION OF HEALTH OF MISSOURI
 FILED JUN 14 1954 STANDARD CERTIFICATE OF DEATH

State File No. **16444**

BIRTH NO. **124** REG. DIST. NO. **163** PRIMARY REG. DIST. NO. **5596** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Valle		c. LENGTH OF STAY (in this place) 11 Yrs.	c. CITY OR TOWN Rural-Valle
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2 DeSoto, Mo.		e. STREET ADDRESS (If rural, give location) Rt. 2 DeSoto, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) Anthony c. (Last) Tucker			4. DATE OF DEATH (Month) (Day) (Year) 6/8/54	
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 23, 1912	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen'l. Farming		11. BIRTHPLACE (City and State or Foreign Country) DeSoto, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Francis T. Tucker		13b. MOTHER'S MAIDEN NAME Laura Cundiff		14. NAME OF HUSBAND OR WIFE Ethel Boyer Tucker	
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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. _____		17. INFORMANT'S SIGNATURE OR NAME Ethel Tucker		ADDRESS Rt. 2 DeSoto, Mo.	
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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) Carbon Monoxide Poison				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suicide					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rt. 2 DeSoto Jefferson Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 8-1954 m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Edwards M.D. Coroner		(Degree or title)		23b. ADDRESS Order 7 Hill Mo		23c. DATE SIGNED 6/8/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/11/54		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) DeSoto, Mo.	
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DATE REC'D BY LOCAL REG. 6-10-54		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mothershead		ADDRESS DeSoto, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JUN 21 1964

DATE RECEIVED

JUN 12 1964

JUN 14 1964

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..... Andrew H. Englar

Licensed Embalmer No..... 47

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