

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36524**

FILED DEC 6 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **326**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY OR TOWN <b>Columbia, Mo.</b>		c. CITY OR TOWN <b>Branch</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>20 days</b>		f. STREET ADDRESS (If rural, give location) <b>0150</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ellis Fischel State Cancer Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Frances</b> c. (Last) <b>Martin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 1 1954</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Widowed</b>	8. DATE OF BIRTH <b>3-6-1880</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Days <b>8 25</b>	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Barnes Franklin Tucker</b>		13b. MOTHER'S MAIDEN NAME <b>Mahalah Katherine nehausontucker</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hospital Records</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of head of pancreas, locally advanced</b>		
	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.			

19a. DATE OF OPERATION <b>11-17-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>As above</b>		20. AUTOPSY? <b>157 X</b> YES <input checked="" type="checkbox"/> NO <input 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) (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 **11-5, 1954**, to **12-1, 1954**, that I last saw the deceased alive on **12-1, 1954**, and that death occurred at **4:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard E. Johnson, M.D.</b>		23b. ADDRESS <b>Columbia, Mo.</b>		23c. DATE SIGNED <b>12-1-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-1-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>URBANA, MISSOURI</b>	

DATE REC'D BY LOCAL REG. <b>Dec:1 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs R E Palmer 31-0</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parsons Funeral Service Columbia Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *M. W. Philtrados*.....

Licensed Embalmer No. *38*.....

P. O. Address *Calumet*.....

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.