

FILED DEC 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38226

BIRTH NO.		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3051		Registrar's No. 138			
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry					
b. CITY OR TOWN Perryville, Mo.		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Perryville		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐			
d. FULL NAME OF HOSPITAL OR INSTITUTION South St.				e. STREET ADDRESS (If rural, give location) South St. 0790					
3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle) Agnes		c. (Last) Tucker			
4. DATE OF DEATH Nov. 21, 1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Nov. 29, 1872		9. AGE (In years last birthday) 81		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Perry County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Dunker		13b. MOTHER'S MAIDEN NAME Mary Lukefahr			
14. NAME OF HUSBAND OR WIFE Arsan 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 Leon Tucker			
ADDRESS Perryville, Missouri		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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 week 4 yrs		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)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 1950, to Nov 21, 1954, that I last saw the deceased alive on Nov 21, 1954, and that death occurred at 8:00 P.M., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) M.D. Perryville Mo		23b. ADDRESS		23c. DATE SIGNED 11-24-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Boniface Cemetery		24d. LOCATION (City, town, or county) (State) Perryville, Missouri			
DATE REC'D BY LOCAL REG. 11-24-54		REGISTRAR'S SIGNATURE 250		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perryville Mo		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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 *Wallace Young*.....

Licensed Embalmer No. *402*.....

P. O. Address *Perryman*.....

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.