

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5148

State File No. _____

FILED FEB 18 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 430

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	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) <u>3 1/2 YEARS</u>		STREET ADDRESS (If rural, give location) <u>3568 50 3844 COLLEGE AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINMONT NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>CHARLES ERNEST</u>		b. (Middle) <u>TUCKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 27, 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-15-1881</u>	
9. AGE (in years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NEWSPAPER REPORTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. STAR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BASHAN OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>O. C. TUCKER</u>	13b. MOTHER'S MAIDEN NAME <u>AMANDA SCHODLER</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. PEARL ANN TUCKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>487-10-9346</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DEAN W. TUCKER</u>	ADDRESS <u>3823 EAST 63 RD ST. KANSAS CITY, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchiopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis - Rt. Hemiplegia</u>		<u>3 mos</u>
	DUE TO (c) <u>Essential Hypertension</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old left Hemiplegia</u>			<u>3 years</u>

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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1954, to Jan 27, 1955, that I last saw the deceased alive on Jan 26, 1955, and that death occurred at 12:45A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack W. Way</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>415 E. 63 ST. Kansas City, Mo.</u>	23c. DATE SIGNED <u>1/28/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-29-55</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u>	ADDRESS <u>R. C. MO.</u>
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(Licensed Embalmer's Statement on Reverse Side) 1331 BRUSH CREEK BLVD.

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

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 *Gen. T. Deuss*.....
Licensed Embalmer No. *443*

P. O. Address *Hanson*.....

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.