

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11617**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 399

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene

b. CITY OR TOWN Springfield
c. LENGTH OF STAY (in this place) 3 1/2 Weeks

c. CITY OR TOWN Rural
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Handley Memorial Hospital
e. STREET ADDRESS (If rural, give location) Willard Mo. R.F.D. # 2 **0390**

3. NAME OF DECEASED (Type or Print)
a. (First) MAY b. (Middle) EDITH c. (Last) TUCK
4. DATE OF DEATH (Month) (Day) (Year) May 4, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 29 March 1896 9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days Hours Min.

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

13a. FATHER'S NAME John Harris 13b. MOTHER'S MAIDEN NAME Ada Garton 14. NAME OF HUSBAND OR WIFE Floyd A. Tuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Louie Tuck, Rt. 2, Willard, Missouri ADDRESS

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardia

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.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO **443X**

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 May 1, 1955, to May 11, 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at 7:40A m., from the causes and on the date stated above.

23a. SIGNATURE David A. Hall M.D. (Print name and title) 23b. ADDRESS 1951 S. National 23c. DATE SIGNED 5/5/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 7 MAY 1955 24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery 24d. LOCATION (City, town or county) (State) Greene County, Missouri

DATE REC'D BY LOCAL REG. 5-6-55 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE Paul P. Thomas ADDRESS Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1935

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.....
Fred C. Plieme

Licensed Embalmer No. 2899
Springfield,
P. O. Address Missouri 1.

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.