

No. 300
10-48

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12606

State File No.

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4716 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>McDonald County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Oklahoma</u> b. COUNTY <u>Ottawa</u>	
b. CITY OR TOWN <u>Near Noel, Mo.</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>R.F.D. Fairland, Okla.</u>	d. In Residence within limits of a city or incorporated town? <u>No</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Auto Accident</u>		e. STREET ADDRESS (If rural, give location) <u>Rural, Six Miles E. Fairland, Okla.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>TUCKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April, 17, 1955</u>
--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 11, 1938</u>	9. AGE (In years) (last birthday) <u>16</u>	10. MONTHS <u>6</u>	11. DAYS <u>6</u>	12. HOURS <u>6</u>	13. MIN. <u>6</u>
----------------------	-------------------------------	---	---------------------------------------	---	---------------------	-------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fairland, Okla.</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Louis Tucker Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Floretta Golden</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Louis Tucker Jr.</u> ADDRESS <u>Okla. Fairland.</u>
--	-------------------------------------	--

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>Crushed Chest + Injuries.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	DUE TO (b) <u>Car Accident</u>		
	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? (w) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 90</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Noel McDonald Mo.</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-17-55 1:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Hit Bridge Car Accident on Highway 90.</u>
--	--	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 1955, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Humphrey Jr. Coroner</u>	23b. ADDRESS <u>Noel Mo</u>	23c. DATE SIGNED <u>4-17-55</u>
---	-----------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/19/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>MONETT, MO.</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-23-55</u>	REGISTRAR'S SIGNATURE <u>Mary Humphrey</u>	423-	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.D. Buchanan</u> ADDRESS <u>Monett Mo.</u>
---	--	------	---

(Licensed Embalmer) Statement on Reverse Side

(OVER)

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

600
3

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 *H. M. Humphrey Jr.*

Licensed Embalmer No. *470*

P. O. Address *Noel, 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.