

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

FILED MAR 28 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4537 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>IRONDALE</u>		c. CITY OR TOWN <u>IRONDALE</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>17 YEARS</u>		e. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>DAVID</u>	
		c. (Last) <u>TUCKER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 16, 1956</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>FEB. 2, 1882</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IRON WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IRON</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>UNKNOWN</u>	
		13b. MOTHER'S MAIDEN NAME <u>MARY MORRIS</u>	
		14. NAME OF HUSBAND OR WIFE <u>LUCRETIA TUCKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>480-14-7931</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOUIS BOEN IRONDALE, MO</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Same</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>55</u> , to <u>3-16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-16</u> , 19 <u>56</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Georgianna D O</u>		23b. ADDRESS <u>Bethesda Mo</u>	
23c. DATE SIGNED <u>3/17/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/18/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MITCHEL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. FRANCOIS County, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-21-56</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BERT L. BOYER LEADWOOD, MO.</u>	

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



RECEIVED

MAR 27

WASH. COUNTY HEALTH DEPT.

File No. _____

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 *William E. Bayer*

Licensed Embalmer No. *47*

P. O. Address *Leadwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.