

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12876

State File No. 5432

BIRTH NO.		REG. DIST. NO. 114		PRIMARY REG. DIST. NO. <del>114</del>		Registrar's No. 12	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, write RURAL and give township) RURAL-SULLIVAN		c. LENGTH OF STAY (in this place) 7 YRS.		a. STATE MISSOURI	
b. CITY OR TOWN RURAL-SULLIVAN		c. CITY (If outside corporate limits, write RURAL and give township) RURAL-SULLIVAN		d. STREET ADDRESS 4 MILES N. OF SULLIVAN		b. COUNTY FRANKLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) LULLA		b. (Middle) JOSEPHINE		c. (Last) TUCKER		4. DATE OF DEATH (Month) (Day) (Year) MAY 2 1956	
(Type or Print)							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 26, 1875	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Home		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) METRO POLIS ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME DANIEL ADAMS		13b. MOTHER'S MAIDEN NAME ELIZABETH EDWARDS		14. NAME OF HUSBAND OR WIFE ALLEN J. TUCKER deceased			
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 DELIA GREEN SULLIVAN, MO.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovary with Metastases				2 1/2 yrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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				years	
		Conditions contributing to the death but not related to the disease or condition causing death.				years	
19a. DATE OF OPERATION Sept 1953		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Ovary				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY		21c. CITY, TOWN, OR TOWNSHIP		21d. TIME OF INJURY	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 3, 1953, to May 2, 1956, that I last saw the deceased alive on April 30, 1956, and that death occurred at 10:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert M. Humphrey, M.D.				23b. ADDRESS Sullivan, Missouri		23c. DATE SIGNED May 3-1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 04, 1956		24c. NAME OF CEMETERY OR CREMATORY STANTON CEMETERY		24d. LOCATION (City, town, or county) (State) STANTON, MO.	
DATE REC'D BY LOCAL REG MAY 3, 1956		REGISTRAR'S SIGNATURE J. H. Humphrey		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS H. E. Sutton, Sullivan, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed J. A. Humphrey.....

Licensed Embalmer No. 4773.....

P. O. Address Sullivan, Mo.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.