

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1956

30304

STATE FILE NUMBER

78488-516 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY JUNKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Risco, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JUNKLIN MEMORIAL HOSPITAL			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First STEVIE Middle JOE Last TUCKER			4. DATE OF DEATH Month SEPT. Day 25 Year 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 29-1956		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 27 Days 27 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) KENNETT, MO.	
13. FATHER'S NAME STEVE A. TUCKER			14. MOTHER'S MAIDEN NAME Henry Joyce DAVIS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT Steve A. Tucker - Risco, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Janurition DUE TO (b) difficult feeding DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) —					INTERVAL BETWEEN ONSET AND DEATH 1 week
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —		20f. CITY, TOWN, OR LOCATION —		20g. COUNTY —	
20h. STATE —		21. I attended the deceased from 9-25-56 to 9-25-56 and last saw her/him alive on 9-25-56 Death occurred at 10:39 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul Baldwin M.D.			22b. ADDRESS Kennett Mo		22c. DATE SIGNED 9-27-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 26-1956	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge		23d. LOCATION (City, town, or county) (State) Kennett, Mo
24. FUNERAL DIRECTOR Paul Salmon - Kennett, Mo		ADDRESS —		25. DATE RECD. BY LOCAL REG. 9-28-1956	26. REGISTRAR'S SIGNATURE Paul Husband

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DENKLIH COUNTY HEALTH

DEPARTMENT 10-1-56

COUNTY FILE NUMBER 1056-38

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 *J. J. Balmer*.....

Licensed Embalmer No. 2536

P. O. Address *Fennell*.....

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.