

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39110
STATE FILE NUMBER

FILED DEC 13 1956

Registration District No. 301 Primary Registration District No. 6022 Registrar's No. 2372

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GATEWOOD		c. CITY OR TOWN TUCKER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TUCKER, MO.		d. STREET ADDRESS 16 mi. SW Doniphan	
Length of stay in 1b YEARS		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First NELIA Middle TUCKER Last TUCKER			4. DATE OF DEATH November 29-1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 30-1877	9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Texas County, Missouri	
13. FATHER'S NAME WILLIAM RUSSELL			14. MOTHER'S MAIDEN NAME ELIZABETH BARHAM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT JOE TUCKER Address GATEWOOD, MISSOURI	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 year.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ 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 _____ COUNTY _____ STATE _____
21. I attended the deceased from Nov. 1-55 to Nov. 29-56 and last saw her alive on Nov. 55 . Death occurred at Nov. 29-56 m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE C. Goforth M.D. (Degree or title)	22b. ADDRESS Doniphan Mo	22c. DATE SIGNED Dec 5 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/30/1956	23c. NAME OF CEMETERY OR CREMATORY Tucker Cemetery	23d. LOCATION (City, town, or county) (State) Ripley County, Missouri
24. FUNERAL DIRECTOR ADDRESS EDWARDS FUNERAL HOME DONIPHAN, MO.		25. DATE RECD. BY LOCAL REG. 12-2-1956	26. REGISTRAR'S SIGNATURE Ed Johnston

(Licensed Embalmer's Statement on Reverse Side)

Missions in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Goforth

0 56

770

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 *Gene H. Lawrence*

Licensed Embalmer No. *48*
P. O. Address *Douglas*

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.