

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1595

FILED JAN 25 1957

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 14

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LEE'S Summit, Mo.</u>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>KANSAS CITY</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CECIL CROFT NURSING HOME</u>   |                                  | Length of stay in 1b<br><u>4 YRS.</u>   | d. STREET ADDRESS (If outside, give location) <u>5050 OAK STREET</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED (Type or print)<br>First <u>DR</u> Middle <u>M</u> Last <u>TUCKER</u>   |                                  |   | 4. DATE OF DEATH<br>Month <u>JAN</u> Day <u>19</u> Year <u>1957</u>  |  |   |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>White</u>    | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>April 29, 1870</u>  | 9. AGE (In years last birthday) <u>86 yrs</u><br>IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____<br>IF UNDER 24 HRS. _____ |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u>   |  | 11. BIRTHPLACE (City and state or country) <u>Altonia, Missouri</u>  |   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |                                  |   | 13. FATHER'S NAME <u>MONROE TUCKER</u>   |  |   |
| 14. MOTHER'S MAIDEN NAME <u>MOLLY</u>   |                                  |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of unknown) (If yes, give war or dates of service) <u>Unknown</u>                   |  |   |
| 16. SOCIAL SECURITY NO. <u>Unknown</u>  |                                  |   | 17. INFORMANT <u>CARRIE ELLA TUCKER</u> Address <u>5050 K.C. MO. OAK STREET</u>  |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchid? Pneumonid</u>   |                                  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 Days</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |                                  |   |  |  | DUE TO (b) <u>Generalized and Cerebral Arteriosclerosis</u> <u>10 yrs.</u>                        |
| DUE TO (c) _____  |                                  |   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   |                                  |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ Month _____ Day _____<br>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 <u>Dec 1, 1956</u> to <u>Jan. 19, 1957</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>Jan. 13, 1957</u><br>Death occurred at <u>5:30 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |  |   |
| 22a. SIGNATURE<br><u>A. Shelman, M.D.</u><br>(Degree or title)  |                                  |   | 22b. ADDRESS<br><u>4233 Blue Ridge Blvd.<br/>Kansas City, 33, Mo.</u>  |  | 22c. DATE SIGNED<br><u>Jan. 20, 1957</u>  |
| 23a. BURIAL, CREMATION, <u>BURIAL</u> (Specify)   | 23b. DATE<br><u>JAN 21, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Moriah Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u>  |   |
| 24. FUNERAL DIRECTOR<br><u>D. W. NEWCOMERSONS</u><br>ADDRESS <u>1331 K.C. MO. BUSH CREEK BLVD</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>1-20-1957</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>N. B. Longford</u>   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 23 1957

JUN 14 1957  
FEB 5 1958

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 *Paul R. Williamson*

Licensed Embalmer No. *50*

P. O. Address *Overland Kansas*

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.