No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

State File No. 3346

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6104 Registrar's No. 99

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1. PLACE OF DEATH
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Miller
c. LENGTH OF STAY (in this place): 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scotland
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Miller tws.

0990

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): Edward
c. (Last): Tucker

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27 1957

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6-13-1901
9. AGE (In years last birthday): 55 — 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): farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Scotland Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Henry Tucker
13b. MOTHER'S MAIDEN NAME: Alma Florence Foster
14. NAME OF HUSBAND OR WIFE: Beulah Tucker

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.:
17. INFORMANT'S SIGNATURE OR NAME: Beulah Tucker — ADDRESS: Bloomfield, Iowa

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND 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
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4214
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): FOUND DEAD IN BED.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Was under Dr Fentons Care of Bloomfield Ia. Known To have a Valvular Heart Disease

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 5 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr C M Simler DO. Coroner of Scotland County
23b. ADDRESS: Gorin Mo
23c. DATE SIGNED: Feb 1, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-29-1957
24c. NAME OF CEMETERY OR CREMATORY: Richland
24d. LOCATION (City, town, or county) (State): Scotland Co. Mo.

DATE REC'D BY LOCAL REG.: 2-2-57
REGISTRAR'S SIGNATURE: Vera G. Turner
25. FUNERAL DIRECTOR'S SIGNATURE: W. W. Payne & Sons — ADDRESS: Memphis, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Neal Payne

Licensed Embalmer No 255

P. O. Address Memphis

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