FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 6703

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 855

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN FREDERICKTOWN 6620 RURAL — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1. — Length of stay in 1b 25	d. STREET ADDRESS 10 mi. (If outside, give location) S.W. of FREDERICKTOWN — Reside on Farm Yes ☐ No ☑ 31

3. NAME OF DECEASED (Type or print) First HERMAN Middle TUCKER Last		4. DATE OF DEATH Month JAN. Day 25, Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH APRIL 10, 1904
9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 9 Days 15	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) MADISON COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN TUCKER		14. MOTHER'S MAIDEN NAME ALICE SKAGGS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT R. S. TUCKER — Address FREDERICKTOWN, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease

DUE TO (c) Cardiac Arrhosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 416x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1/20/57, to 1/25/57 and last saw her/him alive on 1/25/57

Death occurred at 1/[illegible] 6A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leroy F. Artmeyer M.D.	22b. ADDRESS 1515 LAFAYETTE AVE.	22c. DATE SIGNED 1/25/57
23a. BURIAL, ~~CREMATION REMOVAL (Specify)~~ BURIAL	23b. DATE 1/27/57	23c. NAME OF CEMETERY ~~OR CREMATORY~~ LITTLE VINE CEMETERY
23d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.		
24. FUNERAL DIRECTOR H. Adamson — ADDRESS FREDERICKTOWN, MO.	25. DATE RECD. BY LOCAL REG. JAN 28 '57	26. REGISTRAR'S SIGNATURE J. Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

800 0 -56

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 13 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 43

P. O. Address FREDERICK

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.