

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23514

| | | | | | | | |
|--|----------------------------------|---|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 5100 | | Registrar's No. 83 | |
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>West Bates</u> | | c. LENGTH OF STAY (In this place) <u>75 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Merwin</u> | | d. STREET ADDRESS (If rural, give location) <u>0070</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u> | | | | d. STREET ADDRESS <u>None</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alba</u> | | | b. (Middle) <u>Grace</u> | | c. (Last) <u>Tucker</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-57</u> |
| 5. SEX <u>Fe</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>10-28-1880</u> | | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u> | IF UNDER 1 WEEK Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u> | | 11. BIRTHPLACE (State or foreign country) <u>Nebraska</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Frances Marion Calkins</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Spaulding</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dick Tucker (Deceased)</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Faye Tucker, K. C., Mo.</u> | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension -</u> DUE TO (c) <u>several years</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331.X</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>June 15, 1957</u> , to <u>June 20, 1957</u> , that I last saw the deceased alive on <u>June 15, 1957</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Brian E. Hartwell M.D.</u> | | | | 23b. ADDRESS <u>Drexel Mo</u> | | 23c. DATE SIGNED <u>7-20-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>6-22-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>West Point</u> | | 24d. LOCATION (City, town, or county) (State) <u>Amsterdam, Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>June 22-57</u> | | REGISTRAR'S SIGNATURE <u>Kimball Korum</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Archer & Mangold, Amsterdam, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Student Embalmer.

Signed _____

Robert L. Mangold
Licensed Embalmer No. 4972

P. O. Address LaCygne, Kansas

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 this body is not embalmed, fact should be so stated above.