

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23817

STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits <input checked="" type="checkbox"/> Outside		c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Creek LaCroy</u>			Length of stay in 1b <u>15 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>Holly St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Annias</u> Middle <u>Tucker</u> Last <u>Tucker</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>3</u> Year <u>1957</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 14, 1904</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and state or country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Unk.</u>				14. MOTHER'S MAIDEN NAME <u>Unk.</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>Unk.</u>		17. INFORMANT Address <u>Cape Girardeau Mo.</u> <u>Mrs. Laverna Tucker, Holly St.,</u>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u> </u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42</u>								INTERVAL BETWEEN ONSET AND DEATH <u>9298</u>					
20a. ACCIDENT <input checked="" 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.) <u>Was crossing Missouri Pacific P.R. trestle, on foot,</u>					19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20c. TIME OF INJURY Hour <u>4:30</u> Month <u>Aug</u> Day <u>3</u> Year <u>57</u> P. M. <u> </u>			at <u>Creek LaCroy, which intersected, and fell off into the water</u>					20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau, Mo</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>In Creek LaCroy</u>		20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau, Mo</u>		20g. COUNTY <u>Cape Gir</u>		20h. STATE <u>Mo</u>				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>4:30 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.								22a. SIGNATURE (Degree or title) <u>J. F. Sigmond, Coroner</u>		22b. ADDRESS <u>Jackson, Mo</u>		22c. DATE SIGNED <u>8/7/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 6, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>		23d. LOCATION (City, town, or county) <u>Cape Girardeau, Mo.</u>		(State)					
24. FUNERAL DIRECTOR <u>R. Sparks</u>				ADDRESS <u>Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-8-1957</u>		26. REGISTRAR'S SIGNATURE <u>O. G. Summers</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 14 1957

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 *Edward A. Ruffin*

Licensed Embalmer No. 502
2501 Poplar
P. O. Address Cairo, IL

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.