

Health, Public Service

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24216
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 708-B

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57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield, 2396
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Memorial		Length of stay in lb 50 yrs.	d. STREET ADDRESS (If outside, give location) 929 W. Tampa
3. NAME OF DECEASED (Type or print) First MARY Middle ETHEL Last TUCK			4. DATE OF DEATH Month July Day 11 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 3, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 66
11. BIRTHPLACE (City and state or country) Swedsburg, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Mangan		13b. MOTHER'S MAIDEN NAME Lucille Conklin	14. NAME OF HUSBAND OR WIFE --
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. none	17. INFORMANT Mrs. Edith Conklin Address 819 N. Broadway Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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? 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 Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 7/6/57 to July 11, 1957 and last saw DE alive on 7/11/57		Death occurred at 11:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Lynn H. Brown M.D. (Degree or title)		22b. ADDRESS 311 1/2 College	22c. DATE SIGNED 7/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 15, 1957	23c. NAME OF CEMETERY OR CREMATORY Maple Park	23d. LOCATION (City, town, or county) (State) Springfield Mo.
24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 7-18-57	26. REGISTRAR'S SIGNATURE Edith Williams

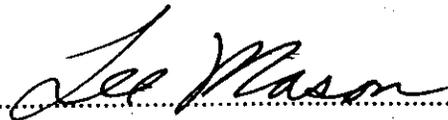
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 4568.....
P. O. Address Springfield, Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.