THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 1 1957

31542
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Grundy	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sul[illegible]
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN ~~Tr~~ Newtown — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not hospital, give location) Russel Resthome 109 E Crowder	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First CHARLEY, Middle W Last TUCKER		4. DATE OF DEATH Month Sept Day 25 Year 1957	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Sept 27 1890
9. AGE (In years last birthday) 66	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Newtown, Mo	12. CITIZEN OF WHAT COUNTRY? W.S
13. FATHER'S NAME Linnville Tucker		14. MOTHER'S MAIDEN NAME Mary H Call	
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. 498-40-5153	17. INFORMANT Address Nota D. Tucker	

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) Cerebral Arteria Sclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 m

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 334X

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 Jan 1954, to Sept 25 57 and last saw her/him alive on 9/24/57

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. J. Francis M.D.	22b. ADDRESS Trenton Mo.	22c. DATE SIGNED 9/26/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/27/57	23c. NAME OF CEMETERY OR CREMATORY Brackett	23d. LOCATION (City, town, or county) (State) 7½ E of Newtown Mo
24. FUNERAL DIRECTOR ADDRESS Judd & Payne Newtown Mo.	25. DATE RECD. BY LOCAL REG. 9/26/57	26. REGISTRAR'S SIGNATURE Irene Fair	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only [illegible] diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 T. Howard Jud

Licensed Embalmer No. 9

P. O. Address New To

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.