

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41380

STATE FILE NUMBER

FILED NOV 20 1957

Registration District No. 273

Primary Registration District No. 305-1

Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Perry</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry Co Mem Hosp</u> Length of stay in lb <u>Life</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> c. CITY OR TOWN <u>Perryville</u> d. STREET ADDRESS (If outside, give location) <u>303 S Spring</u>		
3. NAME OF DECEASED First <u>Mary</u> Middle <u>Loretta</u> Last <u>Tucker</u> (Type or print)			4. DATE OF DEATH Month <u>Oct</u> Day <u>7</u> Year <u>1957</u>		
5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>March 4 1888</u> 9. AGE (In years last birthday) <u>69</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 		11. BIRTHPLACE (City and state or country) <u>Perry County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Grampp</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hager</u>	
14. NAME OF HUSBAND OR WIFE <u>Jesse Tucker</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-38-6907</u>	
17. INFORMANT <u>Hermit Tucker</u>		Address <u>Perryville Mo</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>Coronary Occlusion, Aorta</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>4201</u> DUE TO (c) <u>4201</u>	
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 ☐ NO ☒		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 <u>4:20</u> a.m. <u>4:20</u> p.m.		20d. INJURY OCCURRED WHILE AT ☐ 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 <u>Perryville Perry, Mo.</u>		COUNTY <u>Perry</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>10-6-57</u> to <u>10-7-57</u> and last saw her alive on <u>10-7-57</u> Death occurred at <u>4201</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>[Signature]</u>		22b. ADDRESS <u>Perryville, Mo.</u>	
22c. DATE SIGNED <u>10-11-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 9 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>		23d. LOCATION (City, town, or county) <u>Perryville</u> (State) <u>Missouri</u>		24. FUNERAL DIRECTOR <u>Young & Sons Perryville Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Oct 14-57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		(Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health,
& Welfare
Public
Service

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Wallace Young*

Licensed Embalmer No. *4022*

P. O. Address *Perryville 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.