

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41674  
STATE FILE NUMBER

FILED DEC 3 - 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 375

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St Francois</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp. Farmington R.R. # 1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | c. CITY OR TOWN <u>Farmington</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>Mineral Area Osteo Hosp</u> Length of stay in 1b <u>3 days</u>  |  | d. STREET ADDRESS (If outside, give location) <u>2941</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |

|   |                                  |  |   |   |  |
|---|----------------------------------|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) <u>Charles A Tucker</u> First Middle Last                                       |                                  |  | 4. DATE OF DEATH <u>Nov. 26 1957</u> Month Day Year               |   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White US</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 16, 1878</u>                            | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>2</u> Days <u>10</u> Hours <u>18</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>         |                                  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>   | 11. BIRTHPLACE (City and state or country) <u>Salem, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13. FATHER'S NAME <u>Andrew J. Tucker</u>   |                                  |  | 14. MOTHER'S MAIDEN NAME <u>Lou Asher</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.  | 17. INFORMANT <u>Mrs Emma Potts, Granite City, Ill.</u> Address   |   |  |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u><br>DUE TO (c) <u>442X</u> |  | INTERVAL BETWEEN ONSET AND DEATH <u>1.5 hr</u><br><u>2 years</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 <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year. a. m. p. m.  | 20d. INJURY OCCURRED WHILE AT WORK <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 Aug 20, 1957 to Nov 26, 1957 and last saw her alive on Nov 26, 1957. Death occurred at 2:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated!

22a. SIGNATURE (Print or type) L. M. Stanfield 22b. ADDRESS Farmington Mo 22c. DATE SIGNED 11/27/57

|  |                             |  |  |
|--|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                  | 23b. DATE <u>11/29/1957</u> | 23c. NAME OF CEMETERY OR CREMATORY. <u>Stone Hill Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Miller Funeral Home, Farmington, Mo.</u> ADDRESS |                             | 25. DATE RECD. BY LOCAL REG. <u>Nov. 27, 1957</u>              | 26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>                             |

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service  
S. 300 v. 1-56  
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. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Bruce K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington

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.