

Health,  
Welfare  
Public  
Service

300  
-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Walterscheid

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2028

STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 31

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Hannibal</u>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>Hannibal</u>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>  |                                  | Length of stay in lb  | d. STREET ADDRESS (If outside, give location)<br><u>726 Lyon St.,</u>   |  | <input checked="" type="radio"/> Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Lee</u> Middle <u>A.</u> Last <u>Tucker</u>   |                                  |   | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>23</u> Year <u>1958</u>   |  |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>March 30, 1911</u>   | 9. AGE (In years last birthday)<br><u>46</u> | IF UNDER 1 YEAR<br>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)<br><u>Owner &amp; operated 3400 Cab</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Cab</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Ralls County, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>N.S.A.</u>   |
| 13a. FATHER'S NAME<br><u>Harry L. Tucker</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Jane Krigbaum</u>  |   | 14. NAME OF HUSBAND OR WIFE                  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |                                  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT<br>Address<br><u>Mrs. Mary Jane Tucker, Long's Rest Home</u>  |  |   |
| 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>Terminal pneumonia</u><br>DUE TO (b) <u>congestive heart failure</u><br>DUE TO (c) <u>Pulmonary emphysema</u>                |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u><br><u>1 week</u><br><u>years</u>                          |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arested pulmonary TB, asthma</u>   |                                  |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>  </u> Month, Day, Year <u>  </u><br>a.m. <u>  </u> p.m. <u>  </u>  |                                  |   |   |  |   |
| 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 <u>1/22/58</u> to <u>1/23/58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>1/23/58</u><br>Death occurred at <u>10:05 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |   |
| 22a. SIGNATURE (Degree, or title)<br><u>D. H. Walterscheid M.D.</u>  |                                  |   | 22b. ADDRESS<br><u>508 Broadway, Hannibal, Mo.</u>  |  | 22c. DATE SIGNED<br><u>1/29/58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>1/27/1958</u>    | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Fern Chapel Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Ralls County, Mo.</u>   |  |   |
| 24. FUNERAL DIRECTOR<br><u>H.M.O.'Donnell, Hannibal, Mo.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>2-6-58</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Dr. E.M. Lucke</u>  |  |   |

RECEIVED FEB 10 1958  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 10 1958

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 *H. M. McDowell* .....

Licensed Embalmer No. 3889 .....

P. O. Address Hannibal, 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.