

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006666
State File No.

FILED MAR 12 1958

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY OR TOWN Perryville		c. CITY OR TOWN Perryville	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1216 W. Ste. Marie		e. STREET ADDRESS (If rural, give location) 1216 W. Ste. Marie	

3. NAME OF DECEASED (Type or Print) a. (First) Theresa b. (Middle) Evelyn c. (Last) Tucker			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1958		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 25, 1891		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Edward Schremp		13b. MOTHER'S MAIDEN NAME Elizabeth French		14. NAME OF HUSBAND OR WIFE August Tucker	
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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.		17. INFORMANT'S SIGNATURE OR NAME August Tucker, Perryville, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Post Paralysis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Stroke DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334x		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 1949, 19 to Feb 11, 1958, that I last saw the deceased alive on 2-11, 1958, and that death occurred at 1:30 A.M. Now the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. M. W. Newman		23b. ADDRESS Perryville Mo		23c. DATE SIGNED 2-12-58	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Feb. 14, 1958		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.		24d. LOCATION (City, town, or county) (State) Perryville, Mo.	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2-15-58 Jos J. Zallner		25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey, Perryville, Mo.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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,, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Albert Bey*.....
Licensed Embalmer No... *3876*
P. O. Address *Perryville*.....

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.