

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024467
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 234

Health, Welfare, Public Service
0013
300
1-56
All 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
555

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR KIRKSVILLE TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LEWISTOWN 0560
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KOH HOSPITAL		Length of stay in 1b 12 hrs.	d. STREET ADDRESS (If outside, give location) EDGE OF TOWN
3. NAME OF DECEASED (Type or print) First FRANK Middle SELBY Last TUCKER			4. DATE OF DEATH Month JULY Day 12 Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8/30/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTANCE		10b. KIND OF BUSINESS OR INDUSTRY TELEPHONE	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) COURTLAND, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JAMES E. TUCKER		14. MOTHER'S MAIDEN NAME ALMA (unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NOM XXXXXXXXXXXX		16. SOCIAL SECURITY NO. 513-12-5410	17. INFORMANT Chas. Arnold Lewistown, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basilar artery thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral arteriosclerosis subarachnoid DUE TO (c) 332X			INTERVAL BETWEEN ONSET AND DEATH 18 hr.
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 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 Hour 8:30 Month, Day, Year		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 Kirksville Mo	
20g. COUNTY		20h. STATE	
21. I attended the deceased from July 11 1958 to July 12 1958 and last saw her alive on July 12 Death occurred at 8:30 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. E. Luten (Degree or title)		22b. ADDRESS Kirksville Mo	22c. DATE SIGNED 7-5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/15/58	23c. NAME OF CEMETERY OR CREMATORY COURTLAND	23d. LOCATION (City, town, or county) (State) COURTLAND, KANSAS
24. FUNERAL DIRECTOR Charles L. Arnold ADDRESS Lewistown, Mo.		25. DATE RECD. BY LOCAL REG. 7-17-1958	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

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

Charles S. Arnold

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN,

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.