

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038599

STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 338 Primary Registration District No. 4501 Registrar's No. 34

300
-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bloomfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bloomfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in 1b Years	103 ^d STREET ADDRESS --- (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PHEBY Middle ANN Last TUCKER			4. DATE OF DEATH Month Nov. Day 10 Year 1958	
--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 10-1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 11 Days 21	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Shelbyville, Ind.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	--

13a. FATHER'S NAME Elijah Tucker	13b. MOTHER'S MAIDEN NAME Malinda Jane Tennell	14. NAME OF HUSBAND OR WIFE Deceased
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Earl Pepper, Bloomfield, Mo.	Address
---	-------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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.) 4201
---	---

20c. TIME OF INJURY Hour _____ 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 Stoddard co. Missouri	COUNTY	STATE
---	--	--	--	--------	-------

21. I attended the deceased from **Oct 29, 1958** to **Nov 1, 1958** and last saw her alive on **Oct. 29, 1958**
Death occurred at **10:00 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William J. Turner M.D.	22b. ADDRESS Turner Clinic, Dexter, Mo	22c. DATE SIGNED 11-6-58
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 3-58	23c. NAME OF CEMETERY OR CREMATORY Walker cemetery	23d. LOCATION (City, town, or county) (State) Stoddard co. Missouri
--	-------------------------------	--	---

24. FUNERAL DIRECTOR CHILES UND. CO., BLOOMFIELD, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-9-1958	26. REGISTRAR'S SIGNATURE Mrs. George L. Baker
---	---------	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lulu Cooper*

Licensed Embalmer No. *3499*
P. O. Address *Bloomfield, 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.