

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039617

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1138

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Willard Springfield 0390
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 633 Cherry		Length of stay in lb	d. STREET ADDRESS (If outside, give location) RFD#2
3. NAME OF DECEASED (Type or print) First ETHEL Middle TUCK Last TUCK		4. DATE OF DEATH Month Nov. Day 27, 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 29 June 1886
9. AGE (In years birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME D.P. Hill		13b. MOTHER'S MAIDEN NAME Sarah Mitchell	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give <input type="checkbox"/> dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT Hill Tuck Address Brighton, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 2 mod.
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 (a) 334X			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 _____ a.m. _____ p.m. 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 COUNTY _____ STATE _____	
21. I attended the deceased from 10-31-58 to 11-27-58 and last saw her alive on 11-14-58 Death occurred at 11:30 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. Blum (Degree or title)		22b. ADDRESS 609 Cherry Springfield, Missouri	
		22c. DATE SIGNED 11-29-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-1-58	
23c. NAME OF CEMETERY OR CREMATORY Robberson Prairie		23d. LOCATION (City, town, or county) (State) Greene County, Missouri	
24. FUNERAL DIRECTOR J.W. KLINGNER & CO.		25. DATE RECD. BY LOCAL REG. 12-3-58	
ADDRESS Spgrd. Mo.		26. REGISTRAR'S SIGNATURE Effie E. Melton	

All diseases in Part I must be causally related.

JAC

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1958

WILLIAM
STANTON

CHERRY
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USA

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Home

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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 *Max [Signature]*

Licensed-Embalmer No. 407

P. O. Address

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.