

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005308

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY HENRY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BENTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FRISTOE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WETZEL OSTEOPATHIC INSTITUTION		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) NONE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELLA Middle NONE Last TUCKER			4. DATE OF DEATH Month MARCH Day 3 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 6 Days 01
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 country) FRISTOE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME GEORGE BROOKS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE TOM ED TUCKER	
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. NONE	17. INFORMANT Homer R. Juelar		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEDULLARY PARALYSIS				INTERVAL BETWEEN ONSET AND DEATH HRS	
DUE TO (b) CARDIAC FAILURE				?	
DUE TO (c) INANITION and Uremia				DAYS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General Arteriosclerosis -				19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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 . Month, Day, Year, 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		COUNTY STATE
21. I attended the deceased from Feb. 26, 1959 to March 4 and last saw her alive on 3-4-59 Death occurred at 3:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Arturo Gonzalez Do		(Degree or title) 2	22b. ADDRESS 717 E. Jefferson Clinton		22c. DATE SIGNED 3-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 8/59	23c. NAME OF CEMETERY OR CREMATORY Fristoe Cem		23d. LOCATION (City, town, or county) (State) Fristoe Mo	
24. FUNERAL DIRECTOR John F. Reser Warsaw Mo		ADDRESS	25. DATE RECD. BY LOCAL REG. 3-6-59		26. REGISTRAR'S SIGNATURE Mildred Bigum

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

....., Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. E. Conrader*

Licensed Embalmer No. *1891*

P. O. Address... *Clinton*

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.