

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008828
STATE FILE NUMBER

REG. MAR 23 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 89

300
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 617 Kansas St		d. STREET ADDRESS (If outside, give location) 617 Kansas St	

3. NAME OF DECEASED (Type or print) First Middle Last AARON DALE FREDERICK TUCKER			4. DATE OF DEATH Month Day Year March 14th '59		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 12th 1906	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher (Ret.)	10b. KIND OF BUSINESS OR INDUSTRY Education	11. BIRTHPLACE (City and state or country) Putnam County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles F. Tucker	13b. MOTHER'S MAIDEN NAME Louella Schnell Malinda Goodin	14. NAME OF HUSBAND OR WIFE Malinda Goodin 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 None	16. SOCIAL SECURITY NO. 491-26-9940	17. INFORMANT Mrs Ruby Tucker, Jefferson City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular Fibrillation</i> DUE TO (b) <i>Myocardial Infarction</i> DUE TO (c) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH 4200
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.)
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ITEM 13b CORRECTED
BY AFFIDAVIT OF Informant
5-6-59 JEL

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Jefferson City	COUNTY Jefferson	STATE Missouri
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21. I attended the deceased from <i>Nov 1952</i> to <i>March 8 59</i> and last saw him alive on <i>March 18-59</i> Death occurred at <i>10:20 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
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SIGNATURE (Degree) <i>Eugene E. Roberts</i>		22. ADDRESS Jefferson City	22c. DATE SIGNED Mar 17 59
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE March 17th '59	23c. NAME OF CEMETERY OR CREMATOR Longview Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
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24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.	25. DATE RECD. BY LOCAL REG. 21 March 1959	26. REGISTRAR'S SIGNATURE R. P. Dorris, MD-MR
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

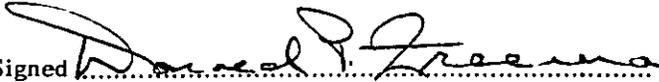
SA
MAR 27 1959

VS
MAY 6

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 
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address... Jefferson... City, ...

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.