

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012104

STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Cole Camp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital, No 3</u>		Length of stay in lb <u>1 mo 11 days</u>	d. STREET ADDRESS (If outside, give location) <u>unknown</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALBERT THEODORE TUCKER</u>			4. DATE OF DEATH Month Day Year <u>3 15 1959</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-31-1884</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days <u>7 15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lincoln, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Albert Greenup Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian O. Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>Alvin A. Goshen</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-42-6470</u>	17. INFORMANT Address <u>Hospital records</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4221</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Years</u> <u>Years</u>
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 <u>2/4/1959</u> to <u>3/15/1959</u> and last saw ^{her} him alive on <u>3/15/1959</u> Death occurred at <u>4:40 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>George Esker, M.D.</u>		22b. ADDRESS <u>State Hospital No. 3, Nevada, Mo.</u>		22c. DATE SIGNED <u>3/15/1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar 18, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo</u>		
24. FUNERAL DIRECTOR, <u>L. Lickhoff</u>	ADDRESS <u>Cole Camp Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-23-1959</u>	26. REGISTRAR'S SIGNATURE <u>Ormal E. Ferry</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

7S ADD 1 1959

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 *L. August Jones*

Licensed Embalmer No. *4960*

P. O. Address... *Nevada*

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.