

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013590

STATE FILE NUMBER 1587

FILED APR 20 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
-57 0

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS 4427 Montgall Ave.	
Length of stay in 1b 41 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CLYDE HULL TUCKER			4. DATE OF DEATH Month Day Year March 24 1959			
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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 Aug. 26, 1893	9. AGE (In years last birthday) 65	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) Clerk		11. PLACE OF BIRTH (City and state or country) Orrick, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME Jack Tucker		13b. MOTHER'S MAIDEN NAME Cora Hull		14. NAME OF HUSBAND OR WIFE Mildred Tucker	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 499-16-0619		17. INFORMANT Address Mildred Tucker, 4427 Montgall, K.C.	
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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) Rupture of Heart due to Infarction			INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Infarction due to Arteriosclerotic Coronary Thrombosis 4201			
DUE TO (c) Thrombosis of Right Femoral Vein with Multiple Pulmonary Embolus			

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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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
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21. I attended the deceased from Feb 1951 to March 24, 1959 and last saw him alive on March 24, 1959 Death occurred at 11:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Harold W. Voth, M.D.		(Degree or title) 0		22b. ADDRESS 201 Plaza Med. Bldg. 315 N. Nichols Rd. K. C. Mo.		22c. DATE SIGNED Mar 25, 1959	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mch. 28, 1959		23c. NAME OF CEMETERY Mount Moriah Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, K.C. Missouri		25. DATE RECD. BY LOCAL REG. 3-27-59		26. REGISTRAR'S SIGNATURE Neva Minshall	
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(Licensed Embalmer's Statement on Reverse Side)

Harold W. Voth
MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

MAY 18 1961

VS APR 14 1961

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 *Basil J. Horrey*

Licensed Embalmer No. *4724*
P. O. Address *A.C. 170*

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.