

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-024873**

FILED VS AUG 10 1959

Registration District No. 33 Primary Registration District No. 3022 Registrar's No. 94

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Harrison</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Bethany</b>		Length of stay in 1b <b>2 day</b>		c. CITY OR TOWN <b>Ridgway, (Rural)</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If not in hospital, give location) <b>Noll Memorial</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS <b>Parents live SE of Ridg</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>BILLY</b> Middle <b>GENE</b> Last <b>TUCKER</b>				4. DATE OF DEATH Month <b>8</b> Day <b>2</b> Year <b>1959</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-31-59</b>	9. AGE (last birthday) <b>2 day only</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>Bethany, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>Charles Tucker</b>			13b. MOTHER'S MAIDEN NAME <b>Diana Tobias</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Charles Tucker, Ridgway, Mo.</b>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PREMATURE BIRTH - 7mo-1wk.</b>							INTERVAL BETWEEN ONSET AND DEATH <b>34 hours</b>	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 <b>2:15</b> s.m. <b>A.</b> 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 <b>Ridgway, Mo.</b>		COUNTY		STATE
21. I attended the deceased from <b>7-31-59</b> to <b>8-2-59</b> and last saw her/him alive on <b>8-1-59</b> Death occurred at <b>2:15 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Albert D. Nibbe M.D.</b> (Degree or title)				22b. ADDRESS <b>Bethany, Mo</b>			22c. DATE SIGNED <b>8-4-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-3-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Yankoo Ridge,</b>		23d. LOCATION (City, town, or county) <b>Ridgway, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>M. B. Haas,</b> <b>Bethany, Mo.</b>		ADDRESS <b>713 1/2</b>		DATE RECD. BY LOCAL REG. <b>8-4-1959</b>		26. REGISTRAR'S SIGNATURE <b>Jella Mayer</b>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed MB Haas

Licensed Embalmer No. 3891

P. O. Address Bethany

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.