

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025915

STATE FILE NUMBER

FILED VS AUG 13 1959

Registration District No. 200

Primary Registration District No.

Registrar's No. 133

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN South Gifford EASLEY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN South Gifford Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 0610		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First James Middle Mern Last Tucker			4. DATE OF DEATH Month July Day 30 Year 1959		
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 December 7 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 7 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Harlan Tucker		13b. MOTHER'S MAIDEN NAME Eva Buck		14. NAME OF HUSBAND OR WIFE Grace 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. No	17. INFORMANT Grace Tucker Address South Gifford Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arterio-Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 48 hrs 5 yrs
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? 332X YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 Jan 2 1949 and last saw him July 30 1959 alive on July 30 1959 Death occurred at _____ m of the place stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Harold A. ...</i>		(Degree or title) 2		22b. ADDRESS La Plata Mo	
22c. DATE SIGNED 7/30/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 1 1959	23c. NAME OF CEMETERY OR CREMATORY La Plata		23d. LOCATION (City, town, or county) (State) La Plata Macon Mo
24. FUNERAL DIRECTOR <i>W. M. ...</i>		ADDRESS South Gifford Mo		25. DATE RECD. BY LOCAL REG. 8/3/59	26. REGISTRAR'S SIGNATURE <i>R. H. ...</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

County of the State of New Hampshire
Date Filed 8-12-59

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 *W. H. McCallum*

Licensed Embalmer No....2052.....

P. O. Address....South Gifford..Mo

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.