

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031368

FILED VS OCT 6 1959

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Atchison</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Westboro</b>		Length of stay in 1b <b>44 Yr</b>	c. CITY OR TOWN <b>Westboro</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Family Residence</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Ashley R Tucker</b>			4. DATE OF DEATH Month <b>Sept</b> Day <b>22</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan-2-1969</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Store</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U S</b>		13a. FATHER'S NAME <b>Benjamin S Tucker</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ash</b>	
14. NAME OF HUSBAND OR WIFE <b>Nona M Tucker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-44-7858</b>	
17. INFORMANT <b>Scott Tucker</b>		Address <b>Westboro, Missouri</b>			

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>fracture</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 months</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>arteriosclerotic cardiovascular disease</b>		<b>5 years</b>		
	DUE TO (c) <b>Diabetes Mellitus</b>		<b>1 year</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>peripheral neuropathy</b>			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 _____ a.m. _____ p.m. 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	COUNTY	STATE
21. I attended the deceased from <b>1954</b> to <b>22 Sept 59</b> and last saw her <sup>her</sup> alive on <b>20 Sept 59</b> Death occurred at _____ <b>7 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Marvin H Schooler M.D.</b>			22b. ADDRESS <b>Shannonville, Mo</b>		22c. DATE SIGNED <b>26 Sept 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept-25-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Center Grove</b>	23d. LOCATION (City, town, or county) (State) <b>Westboro, Mo</b>		
24. FUNERAL DIRECTOR <b>Marvin H Schooler</b>		ADDRESS <b>Fairfax, Mo</b>	DATE RECD. BY LOCAL REG. <b>Oct 2, 1959</b>	REGISTRAR'S SIGNATURE <b>Marvin H Schooler</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 26 1959

OCT 23 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  
**Marvin H Schooler**, Student Embalmer No. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Marvin H. Schooler

Licensed Embalmer No. 4162  
P. O. Address Fairfax

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