

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031702

FILED VS. SEP 22 1959 53

Primary Registration District No. 3010 Registrar's No. 326

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 32 yrs.		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 220 N. Sprigg St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 220 N. Sprigg		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lottie Middle Tucker Last Tucker				4. DATE OF DEATH Month September Day 12 Year 1959				
5. SEX Female	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 9/10/83	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Pollard Arkansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Henry Holcomb			13b. MOTHER'S MAIDEN NAME Mary Brown			14. NAME OF HUSBAND OR WIFE Austin 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. none		17. INFORMANT Address Thelma York Chicago, Ill.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Failure 9-14-56 DUE TO (b) Hypertension, arteriosclerosis DUE TO (c) Senility. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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 8-6-59 to 9-12-59 and last saw her alive on 9-12-59 Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) L.D. Howlett D.O.				22b. ADDRESS 213 S. SPRIGG ST. CAPE GIRARDEAU, MO.		22c. DATE SIGNED 9-14-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/15/59/	23c. NAME OF CEMETERY OR CREMATORY Lorinier Cemetery		23d. LOCATION (City, town, or county) Cape Girardeau, Mo.		23e. STATE Mo.		
24. FUNERAL DIRECTOR C.J. Lorberg Cape Girardeau, Mo.			25. DATE RECD. BY LOCAL REG. 9-16-59		26. REGISTRAR'S SIGNATURE Drew Kasten			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS SEP 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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.