

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010219

FILED VS APR 8 1960

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 4090 Registrar's No. 8

ENDED

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| 1. PLACE OF DEATH a. COUNTY <u>Carter</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Carter</u> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hunter</u> | | Length of stay in 1b <u>4 mo.</u> | c. CITY OR TOWN <u>Hunter</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>own home</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|---------------------------|---|---|----------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First <u>Eubert</u> Middle <u>E</u> Last <u>Tucker</u> | | | 4. DATE OF DEATH Month <u>3</u> Day <u>31</u> Year <u>1960</u> | | |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>w</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3-6-07</u> | 9. AGE (last birthday) <u>53</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanics</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Auto repair</u> | | 11. BIRTHPLACE (City and state or country) <u>Milan mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>John E. Tucker</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Deeds</u> | | 14. NAME OF HUSBAND OR WIFE <u>Raymah Tucker</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>Raymah Tucker</u> | | 17. INFORMANT Address <u>Hunter mo</u> | | | |

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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) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Free dead at Resusc.</u> | | 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 | |
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| 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | | | |

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|--|---|------------------------------------|--------------|-------------|
| 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.) <u>Dead on arrival</u> | 20f. CITY, TOWN, OR LOCATION _____ | COUNTY _____ | STATE _____ |
|--|---|------------------------------------|--------------|-------------|

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 6:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Deepest or title) <u>Colman Andrew Carter</u> | 22b. ADDRESS <u>Van Buren mo</u> | 22c. DATE SIGNED <u>3-31-60</u> |
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|---|-------------------------|---|---|
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removed</u> | 23b. DATE <u>4-3-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>mt Olivet</u> | 23d. LOCATION (City, town, or county) (State) <u>Sullivan Co mo</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Seaton Perwith</u> | 25. DATE RECD. BY LOCAL REG. <u>April 4-60</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2024-1-10-10-10-10

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 Seaton Peritt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.