

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010005

AMENDED

FILED APR 23 1961

Primary Registration District No. 3051

Registrar's No. 37

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                                                                                                                                      |                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>PERRY</u>                                                                                                                                                                                                                                                                                        |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>STE. GEN</u>                               |                                                                        |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u>                                                                                                                                                                                                                                            |                                                                                                           | c. CITY OR TOWN <u>STE. GENEVIEVE</u>                                                                                                                                |                                                                        |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. KRYNOS MEM. Hosp.</u>                                                                                                                                                                                                                           |                                                                                                           | d. STREET ADDRESS (If outside, give location) <u>1285 RIDGEWAY</u>                                                                                                   |                                                                        |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS EDWARD TUCKER</u>                                                                                                                                                                                                                                                  |                                                                                                           | 4. DATE OF DEATH Month Day Year <u>3-28-61</u>                                                                                                                       |                                                                        |
| 5. SEX <u>M</u>                                                                                                                                                                                                                                                                                                                    | 6. COLOR OR RACE <u>W</u>                                                                                 | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>             | 8. DATE OF BIRTH <u>3-28-61</u>                                        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>                                                                                                                                                                                                                            |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>                                                                                                                        |                                                                        |
| 11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE MO.</u>                                                                                                                                                                                                                                                               |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY <u>AMERICA</u>                                                                                                                           |                                                                        |
| 13a. FATHER'S NAME <u>RALPH E TUCKER</u>                                                                                                                                                                                                                                                                                           |                                                                                                           | 13b. MOTHER'S MAIDEN NAME <u>HELEN E. LEWIS</u>                                                                                                                      |                                                                        |
| 14. NAME OF HUSBAND OR WIFE                                                                                                                                                                                                                                                                                                        |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>                                                    |                                                                        |
| 16. SOCIAL SECURITY NO. <u>NONE</u>                                                                                                                                                                                                                                                                                                |                                                                                                           | 17. INFORMANT <u>Helen Tucker</u> Address                                                                                                                            |                                                                        |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Premature Birth - Atelectasis</u><br>DUE TO (b) <u>Asphyxia Florentina</u><br>DUE TO (c) <u></u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>                                                                                                                  |                                                                        |
| 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.<br><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 checked="" 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 <u>3-28-61</u> to <u>3-28-61</u> and last saw her/him alive on <u>3-28-61</u><br>Death occurred at <u>3:15 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                            |                                                                                                           |                                                                                                                                                                      |                                                                        |
| 22a. SIGNATURE (Degree or title) <u>D. J. De Genova MD</u>                                                                                                                                                                                                                                                                         |                                                                                                           | 22b. ADDRESS <u>Ste Genevieve, Mo</u>                                                                                                                                | 22c. DATE SIGNED <u>3-28-61</u>                                        |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                                                                            | 23b. DATE <u>3/28/61</u>                                                                                  | 23c. NAME OF CEMETERY OR CREMATORY <u>CREST LAWN</u>                                                                                                                 | 23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u> |
| 24. FUNERAL DIRECTOR <u>McC. Davis</u> ADDRESS <u>Ste. Genevieve Mo</u>                                                                                                                                                                                                                                                            | 25. DATE RECD. BY LOCAL REG. <u>3-28-61</u>                                                               | 26. REGISTRAR'S SIGNATURE <u>Joel Joelner</u>                                                                                                                        |                                                                        |

**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, <sup>NOT</sup>  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Heac. Barker

Licensed Embalmer No. 1985

P. O. Address Box 1985

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.