

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014654

AMENDED

FILED APR 25 1961

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry							
b. CITY (If outside corporate limits, give TOWNSHIP only) Perryville				Length of stay in 1b		c. CITY OR TOWN Perryville		Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 W. N. St.				Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 115 W. N. St.		Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Marion Middle Joseph Last Tucker				4. DATE OF DEATH Month April Day 20 Year 1961							
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH Oct. 15, 1920		9. AGE (last birthday) 40			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Randolph County Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Felix Tucker				13b. MOTHER'S MAIDEN NAME Theresa Cecil				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)				16. SOCIAL SECURITY NO.		17. INFORMANT Address					
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 Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coroner of Perry County, Mo. DUE TO (c) 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. ☐ Yes ☐ No ☐ Unknown											
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 Coroner of Perry County, Mo. to Coroner of Perry County, Mo. and last saw her alive on Coroner of Perry County, Mo. Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Coroner of Perry County, Mo.				22b. ADDRESS Coroner of Perry County, Mo.		22c. DATE SIGNED 4/21/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 22, 1961		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem., Perryville, Mo.		23d. LOCATION (City, town, or county)					
24. FUNERAL DIRECTOR Albert H. Perry, Perryville, Mo.				25. DATE RECD. BY LOCAL REG. 4-21-61		26. REGISTRAR'S SIGNATURE Joe J. Zollner					

(Licensed Embalmer's Statement on Reverse Side)

MAY 2 1961

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,

Albert Bey, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3866

P. O. Perryville, 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.