SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016261
STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 6228 Registrar's No. 79

FILED MAY 9 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stotesbury -HENRY Twp
Length of stay in 1b: life time
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: same
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Stotesbury
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): same
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: Last: Tucker
4. DATE OF DEATH: Month: April Day: 25 Year: 61
5. SEX: Female
6. COLOR OR RACE: cau
7. Married ☐ Never Married ☐ Widowed ☐ Divorced X
8. DATE OF BIRTH: 23 Dec 1891
9. AGE (last birthday): 69
IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house keeper
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Vernon co. Missouri USA
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John L. Minor
13b. MOTHER'S MAIDEN NAME: Sarah Strickland
14. NAME OF HUSBAND OR WIFE: Otis H. Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Lorena Wallace, Address: Murray, Iowa (dau)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 June 1961, to July 25 1961 and last saw her/him alive on April 24 1961
Death occurred at 11 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) MD
22b. ADDRESS
22c. DATE SIGNED April 28 1961

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 28 Apr 1961
23c. NAME OF CEMETERY OR CREMATORY: East Liberty Cemetery
23d. LOCATION (City, town, or county) (State): Stotesbury, Vernon, Mo.
24. FUNERAL DIRECTOR: Richard L. Griffin
ADDRESS: Ft. Scott, Ks
Cheney Funeral Chapel
25. DATE RECD. BY LOCAL REG.: May 2nd 1961
26. REGISTRAR'S SIGNATURE: Anna E. Berry
(Licensed Embalmer's Statement on Reverse Side)

1981 6 MAY SA

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 Richard L. Griffin
Richard L. Griffin

Licensed Embalmer No. 5053

P. O. Address Fort Scott, Kans

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.