

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-026363

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 50

AMENDED

FILED JUL 17 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u> | | c. CITY OR TOWN <u>Doniphan</u> | |
| Length of stay in 1b <u>1 day</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Co. Memorial Hosp</u> | | d. STREET ADDRESS (If outside, give location) <u>R#2</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 Middle Last <u>JAMES SAMUEL TUCKER</u> | | | 4. DATE OF DEATH Month Day Year <u>July 9 1961</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</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>6-22-83</u> | 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>78</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FORMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Company, Mt. Olivet, Ky.</u> | | 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | | |

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| 13a. FATHER'S NAME <u>John Tucker</u> | | 13b. MOTHER'S M maiden NAME <u>MARY Maybairer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Etta Tucker</u> | |
| 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>-</u> | | 17. INFORMANT Address <u>Etta Tucker, Doniphan, Mo. R#2</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: | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hr.</u> |
| IMMEDIATE CAUSE (a) <u>Pulmonary Infection, Suggest</u> | | | |
| DUE TO (b) <u>Unknown</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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>Carcinoma of Rectum suggest</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 s.m. p.m. Month, Day, Year | | | | | |

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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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from <u>7/6/61 11:00 am</u> and last saw her/him alive on <u>7/9/61</u> | | Death occurred at <u>Doniphan, Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE (Degree or title) <u>Don R. Borchamp, MD</u> | 22b. ADDRESS <u>Doniphan, Mo.</u> | 22c. DATE SIGNED <u>7/10/61</u> |
|--|--------------------------------------|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>July 11, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Collinsville, Illinois</u> | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR ADDRESS <u>Edwards Funeral Home, Doniphan, Mo.</u> | 25. DATE REC'D. BY LOCAL REG. <u>7-12-61</u> | 26. REGISTRAR'S SIGNATURE <u>Flava Braz</u> | |

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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

Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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.