SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

-61-028275
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 192

FILED AUG 29 1961

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico.
Length of stay in 1b years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 520 W. Jackson
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico
Inside Limits Yes X No ☐
d. STREET ADDRESS 520 W. Jackson (If outside, give location)
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Elijah Middle Last Tucker
4. DATE OF DEATH Month Day Year August 21, 1961
5. SEX Male
6. COLOR OR RACE Negroid
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 11-15-97
9. AGE (last birthday) 63
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian
10b. KIND OF BUSINESS OR INDUSTRY A.P. Green
11. BIRTHPLACE (City and state or country) McCreedie, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Tucker
13b. MOTHER'S MAIDEN NAME Joe Anna Scott
14. NAME OF HUSBAND OR WIFE Viola Tucker, Dec'd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Address Mrs. Marvin Teague-Mexico, Mo.

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) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 3 mos
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) Arteriosclerotic heart disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 1958 to Death and last saw him alive on 8-21-61
Death occurred at 8:15 Am m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Leonard Thomas MD
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 8-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-24-61
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
23d. LOCATION (City, town, or county) (State) Mexico, Missouri
24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home, Mexico, Mo.
25. DATE RECD. BY LOCAL REG. Aug. 22-1961
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 30 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, or by Connie L. Pickering, Student Embalmer No. 622 working under my personal supervision.

Student Connie L. Pickering
Signature of Student Embalmer

Signed Alva Arnold Jr.

Licensed Embalmer No. 3569

P. O. Address Mexico

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.