SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028526
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 263

FILED AUG 28 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First Love Middle Easter Last Tucker
4. DATE OF DEATH Month August Day 12 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 4/10/1887
9. AGE (last birthday) 74
IF UNDER 1 YEAR Months 4 Days 2 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Annapolis, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Andrew Tucker
13b. MOTHER'S MAIDEN NAME Rena Gant
14. NAME OF HUSBAND OR WIFE Divorced.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dovie Tucker, University City, 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) ACUTE FULMINATING SOFT TISSUE, INFECTION
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ETIOLOGY UNDETERMINED
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 8-10-1961, to 8-12-1961 and last saw him alive on 8-12-1961
Death occurred at 11 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James H. Turner M.D. (Degree or title)
22b. ADDRESS Poplar Bluff, Missouri.
22c. DATE SIGNED 8/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8/14/1961
23c. NAME OF CEMETERY OR CREMATORY Salem
23d. LOCATION (City, town, or county) (State) Salem, Missouri.

24. FUNERAL DIRECTOR F. H. Warfel, ADDRESS Salem, Missouri.
25. DATE RECD. BY LOCAL REG. 8-25-61
26. REGISTRAR'S SIGNATURE Betty Reed D. R.

(Licensed Embalmer's Statement on Reverse Side)

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 Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Poplar Bluff

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.