

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037740

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 356

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Length of stay in 1b 15 Mo.	c. CITY OR TOWN FRANKFORD
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BECKY THATCHER NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LIVY Middle THOMAS Last TUCKER			4. DATE OF DEATH Month OCT Day 18 Year 1961	
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN 14 1881	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANUFACTURER	10b. KIND OF BUSINESS OR INDUSTRY LUMBER	11. BIRTHPLACE (City and state or country) WHITESIDE Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME CHARLES ALBERT TUCKER	13b. MOTHER'S MAIDEN NAME ANNA ROBINSON	14. NAME OF HUSBAND OR WIFE BIRD TUCKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT MRS. CHARLES WILSON Address 10806 SPRING GARDEN ST. LOUIS Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke		INTERVAL BETWEEN ONSET AND DEATH immediate
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. <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 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.)
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20c. TIME OF INJURY Hour _____ a.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
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21. I attended the deceased from on 10/18/61 to _____ and last saw her/him alive on 10/18/61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <i>[Signature]</i>	22b. ADDRESS 2910 St. Marys, Hannibal, Mo.	22c. DATE SIGNED 10/20/61
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23a. BURIAL CREMATION REMOVAL (Specify) BURIAL	23b. DATE OCT 20 1961	23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	23d. LOCATION (City, town, or county) FRANKFORD Mo.	(State)
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24. FUNERAL DIRECTOR MEGOWN FUNERAL HOME	ADDRESS FRANKFORD Mo	25. DATE RECD. BY LOCAL REG. 10/20/61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. 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 John Fields Morgan

Licensed Embalmer No. 4093

P. O. Address Frankford 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.