

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016391

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 14 1962

VS 300
Rev. 4/59

1 0870

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

| | | | | | | | | |
|---|----------------------------------|---|--|--|--|--|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Ralls</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Center Twonship.</u> | | | Length of stay in 1b | | c. CITY OR TOWN <u>East St. Louis</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 mi W of Center, Mo. on Rte 19</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>647 Collinsville Ave</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Louis Elliott Tucker</u> | | | | 4. DATE OF DEATH Month Day Year <u>March 16, 1962</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Jan. 14, 1892</u> | 9. AGE (last birthday) <u>70</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern</u> | | 11. BIRTHPLACE (City and state or country) <u>Perryville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Tucker</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mattingly</u> | | | 14. NAME OF HUSBAND OR WIFE <u>- - -</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>Unknown</u> | | 17. INFORMANT Address <u>Mrs. Ulva Davis, 749 N. 15 St., E. St. Louis, Ill.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Chest. Internal injuries.</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Auto accident.</u> | | | | | | | | |
| 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 | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto accident on Highway #19 About 3 Miles west of Center, Mo. Center Twonshp Ralls County, Missouri.</u> | | | | |
| 20c. TIME OF INJURY <u>2:00</u> | | Month, Day, Year <u>3-16-62</u> | | Center Township. Ralls County, Mo. | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 19</u> | | 20f. CITY, TOWN, OR LOCATION <u>Center Township. Ralls County, Mo.</u> | | COUNTY STATE | | |
| 21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <u>2:00</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Clyde Wiley Coroner.</u> | | | | 22b. ADDRESS <u>Perry, Missouri. Ralls County.</u> | | | | 22c. DATE SIGNED <u>3-2-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>March 17, 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u> | | 23d. LOCATION (City, town, or county) <u>Belleville, Illinois</u> | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Robins, 417 N. 8th St., E. St. Louis, Ill.</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>5-5-1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Clyde Wiley</u> | | |

USE BLACK INK OR TYPEWRITER RIBBON

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 *J. M. O'Donnell*

Licensed Embalmer No. 3889

P.O. Address Hannibal, 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.