MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016458
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 98

FILED APR 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0928		
2	0928		
3			
4	0		
5	2		
6			
7	1		
8	2		
9	9160		
10	16		
11	130		
12	1-0		
13	4-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: 50 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1806 N. Second St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Sewell Middle: Edward Last: Tucker
4. DATE OF DEATH: Month: Apr. Day: 7, Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Aug. 2, 1882
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months: 8 Days: 5 — IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: A.C.F. Ind.
11. BIRTHPLACE (City and state or country): Dix, Illinios
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Tucker
13b. MOTHER'S MAIDEN NAME: Caroline Hays
14. NAME OF HUSBAND OR WIFE: Della May Bond
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: Mrs. Lorine Lamb, St. Charles, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Extensive 1st, 2nd, & 3rd degree burns (over 60% of total body surface) — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — many years
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. ☐ 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.) CLOTHING CAUGHT FIRE
20c. TIME OF INJURY: Hour 5:30 a.m. p.m. — Month, Day, Year: 4-6-62
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.): 1806 N. 2nd
20f. CITY, TOWN, OR LOCATION: ST. CHARLES COUNTY: ST. CHARLES STATE: MO
21. I attended the deceased from March, 1958 to Present and last saw her/him alive on 4/6/62
Death occurred at 4/7/62 2:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Gerald A. Yoeger, M.D.
22b. ADDRESS: 304 So. 2nd, St. Charles, Mo
22c. DATE SIGNED: 4/9/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr. 9, 1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles, Mo.
24. FUNERAL DIRECTOR: H.C. Dallmeyer & Sons, St. Charles, Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 4/9/62
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(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 Charles J. Nacke

Licensed Embalmer No. 4530

P. O. Address St. Charles, 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.