

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019330
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 298

FILED JUN 11 1962

VS 300
Rev. 4/59

DATE AMENDED

10499
20490

3
4 0
5 2
6
7 1
8 2
9 9
10 0
11
12 3-0
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 12 yrs.	c. CITY OR TOWN Saginaw Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Saginaw Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Henry S. Tucker			4. DATE OF DEATH Month Day Year June 6 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marshall		10b. KIND OF BUSINESS OR INDUSTRY law	9. AGE (last birthday) 94
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	11. BIRTHPLACE (City and state or country) Iowa
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) non none none		12. CITIZEN OF WHAT COUNTRY U S A	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Serifiliter, Myocarditis		14. NAME OF HUSBAND OR WIFE deceased	
DUE TO (b) Fracture left hip.		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
DUE TO (c) Arteriosclerosis		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 5/23/62		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
21. I attended the deceased from 5/23/62 to 6-6-1962 and last saw him alive on 6/6/62		Death occurred at 3:00 p am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE A.L. Crawford MD (Degree or title)		22b. ADDRESS Joplin Mo	DATE SIGNED 6/7/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-9-1962	23c. NAME OF CEMETERY OR CREMATORY Cedar Vale, Kansas	23d. LOCATION (City, town, or county) (State) Cedar Vale, Kansas
24. FUNERAL DIRECTOR Mason Chapel and Mortuary Joplin, Missouri		25. DATE RECD. BY LOCAL REG. 6-8-1962	26. REGISTRAR'S SIGNATURE Dore Merriam

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  _____

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

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.