

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

103 -62-031592
767
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 167 Primary Registration District No. 5594 Registrar's No. 767

FILED AUG 22 1962

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jeff</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BURNI MERAMIE</u>		c. CITY OR TOWN <u>DITTMER Mo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SUGAR HAVEN Rd</u>		d. STREET ADDRESS (If outside, give location) <u>RR#1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ADA MARY TUCKER</u>		4. DATE OF DEATH Month Day Year <u>7 - 28 - 62</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>11/13/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Perryville Mo</u>
13a. FATHER'S NAME <u>Wm H. TUCKER</u>		13b. MOTHER'S MAIDEN NAME <u>Anna A. Cassell</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		17. INFORMANT Address <u>Stella Montgomery Dittmer Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1MMOO.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral vascular accident</u>			48h.
DUE TO (c) <u>Arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypostatic Pneumonia</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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			
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 <u>March 1961</u> to <u>7/27/62</u> and last saw her/him alive on <u>7/27/62</u> Death occurred at <u>4:15</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jay A. Kilpatrick D.O.</u>		22b. ADDRESS <u>House Springs Mo.</u>	22c. DATE SIGNED <u>7/30/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/31/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis of Assisi</u>	23d. LOCATION (City, town, or county) (State) <u>Luebbring Mo</u>
24. FUNERAL DIRECTOR <u>Brimmer Funeral Home House Springs Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-31-62</u>	26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MS AUG 23 1962 SA

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 *Herbert J. Gann Jr.*

Licensed Embalmer No. 4200

P. O. Address *Kirkwood 22 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.