MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-031675
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 75

FILED SEP 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0561
20561 2
3
4 1
5 1
6
7 0
8 0
9 4200
10
11
12 70-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton — Length of stay in 1b: 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 600 Grant St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ESSIE Middle: * Last: TUCKER

4. DATE OF DEATH Month Sept. Day 7 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Apr. 12, 1897
9. AGE (last birthday) 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and state or country) Williamstown, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Jenkins
13b. MOTHER'S MAIDEN NAME Abbie Leslie
14. NAME OF HUSBAND OR WIFE Floyd Tucker

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 Floyd Tucker, Address Canton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary thrombosis	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arterio sclerotic heart disease	15 yrs
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1957, to Sept 6, 1962 and last saw her/him alive on Sept 6, 1962
Death occurred at 1 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Sykstra (Degree or title) M.D.
22b. ADDRESS Canton, Mo
22c. DATE SIGNED 9-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 9, 1962
23c. NAME OF CEMETERY OR CREMATORY Providence Cemetery
23d. LOCATION (City, town, or county) Lewis County, (State) Missouri

24. FUNERAL DIRECTOR Earl H. Buckley ADDRESS Canton, Mo.
25. DATE RECD. BY LOCAL REG. 9-8-62
26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(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 Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Cantwell, 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.