

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012656

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 373

Primary Registration District No. 41

Registrar's No. 41

STATE FILE NUMBER

FILED APR 9 1963

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ste. Marys TWP		c. CITY OR TOWN Perryville	
Length of stay in 1b Life		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perryville Rte #5		d. STREET ADDRESS (If outside, give location) Rural Rte #5	
Inside Limits Yes ☐ No ☒		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) First Middle Last Mary Loretta Tucker			4. DATE OF DEATH Month Day Year March 17 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5-1-95	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days 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		11. BIRTHPLACE (City and state or country) Perry County Mo. USA	
13a. FATHER'S NAME Albert McClain			13b. MOTHER'S MAIDEN NAME Rose Duvall		14. NAME OF HUSBAND OR WIFE Leo Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Leo Tucker Rte #5 Perryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Coronary occlusion Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 hour 3 hours 2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1 week before Patient had Heart failure & Influenza		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 Perryville, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 1958 to 3/1963 and last saw her alive on 3/4/63 Death occurred at 12:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. E. McDermott MD.		22b. ADDRESS Perryville, Mo.	
22c. DATE SIGNED 3/18/63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-20-1963	23c. NAME OF CEMETERY OR CREMATORY St. Rose of Lima Cem.	
23d. LOCATION (City, town, or county) Silver Lake		23e. MISSOURI	
24. FUNERAL DIRECTOR Young & Sons Perryville Mo		25. DATE RECD. BY LOCAL REG. 3-20-63	
26. REGISTRAR'S SIGNATURE Josef Zoellner			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300

Rev. 59

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2 0790

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APR 9 1963

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, 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.