

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025292

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 89

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 2 1963

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Perryville</b>		c. CITY OR TOWN <b>Perryville</b>	
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION <b>115 South St.</b>		d. STREET ADDRESS (If outside, give location) <b>115 South St.</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Felix Elias Tucker</b>			4. DATE OF DEATH Month Day Year <b>June 19, 1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>March 11, 1879</b>	9. AGE (last birthday) <b>84</b>	10. IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Shoe Worker-Leather</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Perry County, Mo.</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Martin Tucker</b>	13b. MOTHER'S MAIDEN NAME <b>Emily McAtee</b>	14. NAME OF HUSBAND OR WIFE <b>Theresa Tucker</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-01-8453</b>
17. INFORMANT <b>Everette Tucker</b>		18. NAME OF DECEASED <b>Perryville, Mo.</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac Left Ventricular Heart Failure</b> DUE TO (b) <b>Arteriosclerosis of Heart</b> DUE TO (c) <b>Myocardial Infarction</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>
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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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 <b>Perryville, Mo.</b>
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21. I attended the deceased from <b>1-11-63</b> to <b>6-19-63</b> and last saw her alive on <b>6-19-63</b> Death occurred at <b>2:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Albert Bey</b>	22b. ADDRESS <b>Perryville, Mo.</b>	22c. DATE SIGNED <b>6-22-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-22-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery, Perryville, Mo.</b>	23d. LOCATION (City, town, or county) (State) <b>Perryville, Mo.</b>
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24. POWER OF ATTORNEY <b>Albert Bey, Perryville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-22-63</b>	26. REGISTRAR'S SIGNATURE <b>Joel Joelner</b>
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(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. 4/59

1 0795

2 0795

3

4 0

5 1

6

7 0

8 0

9 4200

10

11

12 90-0

13 1-0

**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,

Albert Bey, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3806

P. O. Address Pearyville, 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.