

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040853

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. 5915 Registrar's No. 148

FILED NOV 5 1963

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u> | |
| b. CITY (If outside corporate limits, give TOWN and R. only) <u>Rural Central Perry</u> | | c. CITY OR TOWN <u>Perryville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perryville, R. 1</u> | | d. STREET ADDRESS (If outside, give location) <u>R. 5</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>HOMER</u> Middle <u>J.</u> Last <u>TUCKER</u> | | 4. DATE OF DEATH Month <u>10</u> Day <u>27</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 19 1940</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Perry County, Mo. U.S.A.</u> |
| 12a. FATHER'S NAME <u>Homer J. Tucker Sr.</u> | | 12b. MOTHER'S MAIDEN NAME <u>Jane Proctor</u> | |
| 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 14. SOCIAL SECURITY NO. <u>Homer J. Tucker Sr.</u> | |
| 15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Fracture</u> DUE TO (b) <u>Crushed Chest</u> DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>Hit by 61 - PERRYVILLE, MO</u> | |
| 20c. TIME OF INJURY Hour <u>3:45</u> a.m. Month, Day, Year <u>10-27-63</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>By # 61</u> | | 20f. CITY, TOWN, OR LOCATION <u>PERRYVILLE</u> COUNTY <u>PERRY</u> STATE <u>MO</u> | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Albert H. Beckman</u> (Describe or title) <u>CORONER</u> | | 22b. ADDRESS <u>Perryville, Mo.</u> | |
| 22c. DATE SIGNED <u>10/27/63</u> | | 22d. SIGNATURE <u>Albert H. Beckman</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10-29-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u> | 23d. LOCATION (City, town, or county) <u>Perryville, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Albert H. Beckman</u> | | 25. DATE REC'D BY LOCAL REG. <u>10-29-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Albert H. Beckman</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 9 1963

DEC 4 1963

OFFICE
RECEIVED

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,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3866

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.