

FILED JUL 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19044

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5352 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Sherman		c. CITY (If outside corporate limits, write RURAL and give township) Rural Tunas	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle) Canada	
c. (Last) Tucker		4. DATE OF DEATH (Month) (Day) (Year) 6-24-1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 11-15-1873
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 8 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Geo. M. Hardison		13b. MOTHER'S MAIDEN NAME Hannah Hatfield	
14. NAME OF HUSBAND OR WIFE J.E. Tucker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Gladys Tucker		ADDRESS Tunas Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency (all valves) ANTECEDENT CAUSES DUE TO (b) Hypertension 128/120 to 124/124 DUE TO (c) Quin Sabs II. OTHER SIGNIFICANT CONDITIONS Obesity Interval between ONSET and DEATH 4 to 6 yrs 444X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1946, to June 24, 1949, that I last saw the deceased alive on June 21, 1949 and that death occurred at 4 P.M. from the causes and on the date stated above.			
23a. SIGNATURE H. Blumner M.D.		23b. ADDRESS Buffalo Mo.	
23c. DATE SIGNED 6-27-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY Hope well		24d. LOCATION (City, town, or county) (State) Dallas Co. Mo.	
DATE REC'D BY LOCAL REG. 6/30/49		REGISTRAR'S SIGNATURE Mrs. G. S. James	
25. FUNERAL DIRECTOR'S SIGNATURE Montgomery Vaughan		ADDRESS Buffalo Mo.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District No. 111

District No. Number 6-49-111

Date Filed 9-5-42

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.

Signed _____
Student Embalmer

Signed *Blyde Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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 this body is not embalmed, fact should be so stated above.