

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22246

State File No. _____
Registrar's No. 138

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6085

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nelson, Rural	
c. LENGTH OF STAY (In this place) 5 Yrs.		d. STREET ADDRESS (If rural, give location) Rural.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At home.			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah	b. (Middle) Elizabeth	c. (Last) Tucker	4. DATE OF DEATH (Month) (Day) (Year) June 14 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 22nd 1867	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 1-1	IF UNDER 1 YEAR Days 22	IF UNDER 48 HRS. Hours 	IF UNDER 48 HRS. Min.
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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 (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Josephus R. King	13b. MOTHER'S MAIDEN NAME Ella Terrill	14. NAME OF HUSBAND OR WIFE Silas Edward Tucker.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Newton Dix.	ADDRESS Nelson, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 58 1/2 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infected gall bladder and gall stones DUE TO (c) Atrophic Cirrhosis of Liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) ✓
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓
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22. I hereby certify that I attended the deceased from **June 5, 1949**, to **June 14, 1949**, that I last saw the deceased alive on **June 5, 1949**, and that death occurred at **2 30** p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. L. Lawless M.D.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 7-5-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 17th 1949	24c. NAME OF CEMETERY OR CREMATORY Peninsula	24d. LOCATION (City, town, or county) (State) Cooper County Missouri.
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DATE REC'D BY LOCAL REG. July 6-1949	REGISTRAR'S SIGNATURE Bidney J Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller.	ADDRESS Boonville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

97
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RECEIVED

District Health Officer No. 8,

District-File Number

Date Filed

7-14-49

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

William W. Wood

Signed

Student Embalmer

Licensed Embalmer No.

4539

P. O. Address

Brownville, 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.