

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 42896-49 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4238 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyconda</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 hrs</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gibson Hosp & Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Lee</u> c. (Last) <u>Tucker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July - 7 - 49</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>7-7-49</u>	9. AGE (In years last birthday) <u>4 1/2 hrs</u>	IF UNDER 1 YEAR Hours Min. <u>4 30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frances E. Tucker</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Anna L. Tucker</u>	ADDRESS
---	--	---	---------

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 <u>4 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cremature Birth</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Caesarian Section</u> DUE TO (c) <u>Toxemia of pregnancy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>central nervous system</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7, 1949, to 7-7, 1949, that I last saw the deceased alive on 7-7, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond B. Mahre, D.O.</u>	23b. ADDRESS <u>Edina Mo.</u>	23c. DATE SIGNED <u>7-8-49</u>
--	-------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenburg</u>	24d. LOCATION (City, town, or county) (State) <u>Greenburg Mo</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 8-49</u>	REGISTRAR'S SIGNATURE <u>Will S. Nunnet</u>	151	FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. J.W. Hudson</u>	ADDRESS
---	---	-----	--	---------

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

RECEIVED JUL 25 1949
District Health Officer No. 1
District File Number 2-49-12
Date Filed JUL 25 1949

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
Student Embalmer

Signed _____

Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina, 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.