

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 19302

FILED JUN 19 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 42

0061

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

1. PLACE OF DEATH a. COUNTY: <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Sheldon</u> <u>1090</u>	
c. LENGTH OF STAY (In this place): <u>3 days</u>		d. STREET ADDRESS (If rural, give location): <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Barton Memorial Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>(N)</u> c. (Last) <u>TUCKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 50</u>		
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Never Married</u>	8. DATE OF BIRTH: <u>Feb. 23, 1884</u>	9. AGE (In years last birthday): <u>66</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Dog Trainer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Own Kennels</u>	11. BIRTHPLACE (State or foreign country): <u>Millersburg, Iowa</u>	12. CITIZEN OF WHAT COUNTRY?: <u>U.S.</u>	

13a. FATHER'S NAME: <u>G.F. Tucker</u>		13b. MOTHER'S MAIDEN NAME: <u>Elizabeth Arthur</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.: <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME: <u>Mrs. Grace Mann</u> ADDRESS: <u>Appleton City, Mo</u>	

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>5 days</u>  <u>260X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes, + Bright's disease</u> DUE TO (c) _____		
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"/>
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) <u>LAMAR</u> <u>Barton</u> <u>MO</u>
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 May 3, 1950, to June 4, 1950, that I last saw the deceased alive on June 3, 1950, and that death occurred at 2.2 m., from the causes and on the date stated above.

23a. SIGNATURE: <u>D.R. Guedner</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS: <u>L.A.M.A.R.</u>	23c. DATE SIGNED: <u>6-6-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Buried</u>	24b. DATE: <u>6/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Sheldon</u>
24d. LOCATION (City, town, or county) (State): <u>Sheldon Mo.</u>		

DATE REC'D BY LOCAL REG.: <u>JUN 8 - 1950</u>	REGISTRAR'S SIGNATURE: <u>Marie Kennard</u>	5. FUNERAL DIRECTOR'S SIGNATURE: <u>L. Gerald Deery</u> ADDRESS: <u>Sheldon</u>
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(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1950  
District Health Office No. 6,  
District File Number 650-681  
Date Filed 6/15/50

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed R. Gerald Beeny

Signed.....  
Student Embalmer

Licensed Embalmer No. 4203

P. O. Address Shelton 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.