No. 300
10.48

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

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36512

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 258

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City, Missouri
c. LENGTH OF STAY (in this place): 9mos 11days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Mo. State Prison Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Unknown
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexia 8430
d. STREET ADDRESS (If rural, give location): 4033 Ambrose

3. NAME OF DECEASED (Type or Print)
a. (First): ELY
b. (Middle): None
c. (Last): TUCKER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 22 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 5-13-13
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months 6, Days 9 — IF UNDER 24 HRS.: Hours –, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Missouri State Prison Hospital

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) 3rd degree Burns 40% Body surface

DUE TO (c) Accident — 7 9 17

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 41

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Prison
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Jefferson City, Missouri Cole
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 20 50 3:45PM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell into steam vat

22. *I hereby certify that I attended the deceased from* 11-20-, 1950, *to* 11-22-, 19 50, *that I last saw the deceased alive on* 11-22-, 19 50, *and that death occurred at* 6:05A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. A. McFadden M.D.
23b. ADDRESS: Jefferson City, Missouri
23c. DATE SIGNED: 11-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 24-1950
24c. NAME OF CEMETERY OR CREMATORY: Kirksville School of Osteopathy
24d. LOCATION (City, town, or county) (State): Kirksville Missouri

DATE REC'D BY LOCAL REG.: Nov. 24-1950
REGISTRAR'S SIGNATURE: R. P. Harris MD - MR. 68
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hope J. Gordon Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-27-50
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 11-27-50

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed Ferd P Dulle

Signed .....
Student Embalmer

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.