

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **43307**

FILED DEC 22 1950

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **6112** Registrar's No. **31**

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1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Scott c. CITY (If outside corporate limits, write RURAL and give township) Rockview Rural Keokuk Twp. d. STREET ADDRESS (If rural, give location) Route 2		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rockview Rural Keokuk Twp. c. LENGTH OF STAY (in this place) 24 years			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chaffee Rural Keokuk Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) Route 2		

3. NAME OF DECEASED (Type or Print) a. (First) Lenard b. (Middle) August c. (Last) Tucker			4. DATE OF DEATH (Month) (Day) (Year) Dec 6 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 23, 1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cotton Belt RR Employee		10b. KIND OF BUSINESS OR INDUSTRY Section Worker		11. BIRTHPLACE (State or foreign country) Perryville Mo		12. CITIZEN OF WHAT COUNTRY? US	
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13a. FATHER'S NAME Hilbrich Tucker		13b. MOTHER'S MAIDEN NAME Natie Kemp		14. NAME OF HUSBAND OR WIFE Leno Tucker			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-09-5390		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lenard Tucker Chaffee R2 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 48 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Skull - Compound			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture both legs - fracture of right arm - caused by being struck by Cotton Belt RR train DUE TO (c) Belting Injury & Crushing at Rockview Mo.			
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Scott Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-6-1950 m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by Train	

22. I hereby certify that I attended the deceased from **first call after death**, that I saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Clude Poe (Degree or title) Coroner		23b. ADDRESS Sekeston Mo.		23c. DATE SIGNED 12/9/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Co. Mo	
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DATE REC'D BY LOCAL REG. 9-11-50		REGISTRAR'S SIGNATURE Mrs Fred Bisplinghoff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bisplinghoff Funeral Home Chaffee Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 13 1950

SCOTT COUNTY HEALTH CENTER

CO, FILE NO. 1250-177

UEG-29

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 Mamie Beplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.