S. No. 300
v. 10.48

GILLESPIE FUNERAL HOME

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

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13504

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place): 43 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 1000 East 7th St., 0

3. NAME OF DECEASED (Type or Print)
a. (First): VIRGIL
b. (Middle): G.
c. (Last): TUCKER

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1951

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug 18, 1887
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive fireman
10b. KIND OF BUSINESS OR INDUSTRY: M.K.T. RR
11. BIRTHPLACE (State or foreign country): High Point, Moniteau County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: James Tucker
13b. MOTHER'S MAIDEN NAME: Amanda J. Brizendine
14. NAME OF HUSBAND OR WIFE: Frieda J. Tucker

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.: 703-03-4563
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Chester H. Tucker, Greenbelt, M.D.

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): Terminal Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis. — ?
DUE TO (c): 592X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage with Left Hemiplegia. 6 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Medical treatment only.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None.
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): None. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~April 2nd~~, 19~~51~~, *to* ~~April 8th~~, 19~~51~~, *that I last saw the deceased alive on* April 8th 19 51, *and that death occurred at* ~~11.50 A.M.~~ *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jno. B. Carlisle, M.D. 0 — Jno B. Carlisle M.D.
23b. ADDRESS: Sedalia, Missouri.
23c. DATE SIGNED: April 9th 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: April 10, 1951
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill
24d. LOCATION (City, town, or county) (State): Sedalia, Missouri

DATE REC'D BY LOCAL REG.: 4-10-51
REGISTRAR'S SIGNATURE: A. J. Campbell M.D. 4-10-51 — Goldie Hall Deputy
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: O W Heckart — Sedalia, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-16-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 4-16-51

OCT 23 1953

APR 17 1951

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

Signed
Student Embalmer

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.