

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27885

State File No. ....

FILED SEP 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 305's Registrar's No. 110

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Polk</u> <u>0841</u>                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> <u>St. Clair</u> COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola</u> <u>0930</u>  |  |
| c. LENGTH OF STAY (in this place) <u>3 years</u>                                    |  | d. STREET ADDRESS (If rural, give location) <u>1</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |  |

|  |                               |  |   |   |   |
|--|-------------------------------|--|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print)   |                               |  | 4. DATE OF DEATH  |   |   |
| a. (First) <u>Thomas</u>   | b. (Middle) <u>Erwin</u>      | c. (Last) <u>Tucker</u>  | (Month) <u>8-31</u>   | (Day) <u>1951</u>                         | (Year)  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>8-23-1870</u>                                 | 9. AGE (In years last birthday) <u>81</u> | 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) <u>Farming</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                      | 11. BIRTHPLACE (State or foreign country) <u>Gerster Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                 |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>P.W. Tucker</u>  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u>                                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>No</u>        | 17. INFORMANT'S SIGNATURE OR NAME <u>Leona Tucker, Bolivar Mo.</u> ADDRESS |

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Thrombosis</u><br>DUE TO (c) <u>Arteriosclerosis</u> |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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) <u>4201</u> (COUNTY) (STATE)                      |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 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 Aug 11, 1951, to Aug 31, 1951, that I last saw the deceased alive on Aug 31, 1951, and that death occurred at 2:20 PM., from the causes and on the date stated above.

|  |                                 |  |
|--|---------------------------------|--|
| 23a. SIGNATURE <u>M. H. Pemberton D.O.</u> (Degree or title) | 23b. ADDRESS <u>Bolivar Mo.</u> | 23c. DATE SIGNED <u>8-31-51</u>                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>      | 24b. DATE <u>9-1-1951</u>       | 24c. NAME OF CEMETERY OR CREMATORY <u>Kings Prairie</u>          |
|  |                                 | 24d. LOCATION (City, town, or county) (State) <u>Gerster Mo.</u> |

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG. <u>Sept 1, 1951</u> | REGISTRAR'S SIGNATURE <u>Ralph Gardner per Jewell Gardner</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. ...</u> ADDRESS |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED **SEP - 7 1951**

Dist. File 951-1630

Date Filed 9-7-51

DEC 28 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Frederick, Md

**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.