

FILED JUL 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH19599  
State File No.

Registrar's No. 11131

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| BIRTH NO.   |   | REG. DIST. NO. 43                                       | PRIMARY REG. DIST. NO. 3007  | Registrar's No. 11131  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Butler   |   |   | 2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission)<br>a. STATE Mo b. COUNTY Butler Ripley |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br>OR TOWN Poplar Bluff  |   | c. LENGTH OF STAY (in this place)<br>2 days             | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Doniphan, Mo.                                |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital   |   |   | d. STREET ADDRESS (If rural, give location)  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Gantt<br>b. (Middle) Richard<br>c. (Last) Tucker   |   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>June 6 1952  |  |  |
| 5. SEX<br>Male 0  | 6. COLOR OR RACE<br>white   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married   | 8. DATE OF BIRTH<br>10-2-1882  | 9. AGE (In years last birthday)<br>69                                    | IF UNDER 1 YEAR<br>Months<br>Days          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer   | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country)<br>La.        |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.                                   |  |
| 13a. FATHER'S NAME<br>Henry Tucker  |   | 13b. MOTHER'S MAIDEN NAME<br>Annie Copeland             |  | 14. NAME OF HUSBAND OR WIFE<br>Eff Tucker                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>no   |   | 16. SOCIAL SECURITY NO.<br>NO.                          | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Effie Tucker Doniphan, Mo.  |  |  |
| 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. | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart + Disease<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Hypertension<br>DUE TO (c) Arteriosclerosis (Systemic)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>3 days |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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)         |  |  |  |
| 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 June 4, 1952, to June 6, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at _____ m., from the causes and on the date stated above.  |   |   |  |  |  |
| 23a. SIGNATURE (Degree or title)<br>Frank E. Amelie M.D.  |   |   | 23b. ADDRESS<br>Poplar Bluff, Missouri   |  | 23c. DATE SIGNED<br>6/9/52                 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 24b. DATE<br>6-7-1952   | 24c. NAME OF CEMETERY OR CREMATORY<br>Doniphan Cemetery | 24d. LOCATION (City, town, or county) (State)<br>Doniphan, Mo.   |  |  |
| DATE REC'D BY LOCAL REG.<br>6-30-52   | REGISTRAR'S SIGNATURE<br>Wm. H. Johnson 428-1   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br>Black-Edwards Funeral Home Doniphan, Mo.   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

Mo.

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

RECEIVED  
JUL 8 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 452-349

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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 George A. Kerby

Licensed Embalmer No. 4752

P. O. Address Danishon, 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.