S. No. 300
v. 10.48

SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30844

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1004

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2325 Lafayette St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 2325 Lafayette St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Wallace c. (Last) Tuck

4. DATE OF DEATH (Month) (Day) (Year): September 17, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ma ied
8. DATE OF BIRTH: December 31, 1881
9. AGE (In years last birthday): 70 — 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): maintanence man
10b. KIND OF BUSINESS OR INDUSTRY: tablet factory
11. BIRTHPLACE (State or foreign country): Frazer, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: W. W. Tuck
13b. MOTHER'S MAIDEN NAME: Hanna Frances
14. NAME OF HUSBAND OR WIFE: Lizzie Tuck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: 491-09-0720
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lizzie Tuck, 2325 Lafayette, St. Joseph, Mo. — ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

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

DUE TO (b) Arteriosclerosis — 6 mo

DUE TO (c) Arteriosclerotic heart disease — 6 mo

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/7/, 19 52 *to* 9/17/, 19 52, *that I last saw the deceased alive on* 9/16/, 19 52, *and that death occurred at* 4:12p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clifton Smith (Degree or title) M.D.
23b. ADDRESS: 218 No. 7th St. Joseph, Mo.
23c. DATE SIGNED: 9/18/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/20/1952
24c. NAME OF CEMETERY OR CREMATORY: Frazer Cemetery
24d. LOCATION (City, town, or county) (State): Frazer Missouri

DATE REC'D BY LOCAL REG.: Sept 25, 1952
REGISTRAR'S SIGNATURE: Carl C. Casey
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Bowman Funeral Home St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 James P. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St. Jeff

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.