THE DIVISION OF HEALTH OF MISSOURI

FILED JUL 21 1953

STANDARD CERTIFICATE OF DEATH

State File No. 24334

BIRTH NO. 35283-53 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KENNETT
c. LENGTH OF STAY (In this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PRSNELL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KENNETT
d. STREET ADDRESS (If rural, give location): 907 Truett

0352 0

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

4. DATE OF DEATH (Month): JULY (Day): 14 (Year): 1953

5. SEX: MALE
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Write): Never Married
8. DATE OF BIRTH: JUNE 1 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 14 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lloyd E Tucker
13b. MOTHER'S MAIDEN NAME: Laura Cummins
14. NAME OF HUSBAND OR WIFE: — None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Lloyd E Tucker ADDRESS: Kennett Mo

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): Acute Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): None
DUE TO (c):

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: 5710
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* 7-12, 1953, *to* 7-14, 1953, *that I last saw the deceased alive on* 7-14, 1953 *and that death occurred at* 8-0 *m., from the causes and on the date stated above.*

23a. SIGNATURE: G G Wilson (Degree or title): MD
23b. ADDRESS: Kennett Mo
23c. DATE SIGNED: 7-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: JULY 16 1953
24c. NAME OF CEMETERY OR CREMATORY: Gravel Hill Cem
24d. LOCATION (City, town, or county) (State): Pistor Ark

DATE REC'D BY LOCAL REG.: 7-17-53
REGISTRAR'S SIGNATURE: Earl Husband
25. FUNERAL DIRECTOR'S SIGNATURE: Lloyd Russell
ADDRESS: Piggott Ark

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEA

DEPARTMENT 7-20-5

COUNTY FILE NUMBER 753-

Court Interstate Shop
Zero

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 me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509

P. O. Address Piggott, Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.