

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29268

State File No.

FILED SEP 15 1953

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 5702 Registrar's No. 14

0590
3

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural, Moore'sville Twn.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural, (Moore'sville twm.)</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0590</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Tucker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26, 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	
8. DATE OF BIRTH <u>1888</u> <u>AUG. 15, 1888</u>		9. AGE (In years last birthday) <u>65 yrs</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>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Cowgill, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Hyder Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Babbarba Schuster</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford Tucker, B Reckenridge, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>		DUE TO (b) <u>Hemorrhage from lung & chest wall</u>			<u>Few Minutes</u>	
DUE TO (c) <u>Mun shot wound - Shotgun</u>					<u>Few Minutes</u>	
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 <u>E981X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road N. W. of Moore'sville</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moore'sville, Livingston, Mo.</u>			
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 None, 19____, to _____, 19____, that ~~the~~ ~~was~~ the deceased alive on Aug 26, 1953, and that death occurred at 430p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph P. Conrad M.D. (Coroner)</u>		23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>Aug 27, 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Cowgill, Mo</u>					

DATE REC'D BY LOCAL REG. <u>Sept. 9, 1953</u>		REGISTRAR'S SIGNATURE <u>Becky L. Conroy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mead's Funeral Service, Braymer, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 2 1953

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 Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri

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.