

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38107

State File No. ....

FILED OCT 19 1953

BIRTH NO. ....		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>4541</u>		Registrar's No. <u>16</u>			
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>Fordland</u>			c. LENGTH OF STAY (In this place)			c. CITY OR TOWN <u>Fordland</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				<u>1120</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>			a. (First)			b. (Middle)			
			c. (Last) <u>TUCKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 1953</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 20, 1868</u>		9. AGE (In years last birthday) <u>85</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Samuel Tucker</u>			13b. MOTHER'S MAIDEN NAME <u>Balldon</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Jane</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hester Cornelison</u>			ADDRESS <u>Fordland, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombus</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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) (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 <u>10-2, 1953</u> , to <u>10-5, 1953</u> that I last saw the deceased alive on <u>10-7, 1953</u> and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. H. Beers</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>Raymond, Mo</u>		23c. DATE SIGNED <u>10-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fordland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fordland, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-17-53</u>		REGISTRAR'S SIGNATURE <u>Opal M. Good</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Ferrell</u>		ADDRESS <u>Fordland, Mo.</u>		

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

DEC 7 1954

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed W. K. Ferrell

Signed.....  
Student Embalmer

Licensed Embalmer No. 4910

P. O. Address Fordland, 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.