

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 397

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>ST. FRANCOIS TOWNSHIP</u>		c. CITY OR TOWN <u>WOMACK</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 DAYS</u>		e. STREET ADDRESS (If rural, give location) <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MINERAL AREA HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>CLARENCE</u> b. (Middle) <u>JEFFERSON</u> c. (Last) <u>TUCKER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 19, 1954</u>		
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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>MAY 8, 1885</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER - RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINES</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>HENRY TUCKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BARRON</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. LOLA TUCKER</u>	
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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>499-03-6751</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LOLA TUCKER - WOMACK, MO.</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE CIRCULATORY FAILURE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1da -</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>CORONARY THROMBOSIS &amp; MYOCARDIAL INFARCTION</u>		<u>3da</u>	
				DUE TO (c) <u>ARTERIOSCLEROSIS</u>		<u>unknown</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>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 12-16-, 1954, to 12-19-, 1954, that I last saw the deceased alive on 12-19-, 1954, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Marvin K. Sulbe MD</u>		(Degree or title)		23b. ADDRESS <u>17 So Jackson - Farmington, Mo.</u>		23c. DATE SIGNED <u>12/21/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 24, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. Adamson</u>		ADDRESS <u>FREDERICKTOWN, MO.</u>	
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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.....  
Signature of Student Embalmer

Signed *Raymond Wilson*

Licensed Embalmer No. *488*

P. O. Address *Fredonia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.