

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4102

State File No.

FILED MAR 1 1955

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 42

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| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> | c. LENGTH OF STAY (in this place) <u>18 days</u> | c. CITY OR TOWN <u>JEFFERSON CITY</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1</u> | | e. STREET ADDRESS (If rural, give location) <u>621 E. High 0264</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Le Roy</u> c. (Last) <u>TUCKER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23, 1955</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>APR 3, 1891</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|--|--|--|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UPHOLSTERING</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>OSGOOD, INDIANA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>HARRISON TUCKER</u> | 13b. MOTHER'S MAIDEN NAME <u>SARAH HARRINGTON</u> | 14. NAME OF HUSBAND OR WIFE <u>NAN 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>Unknown</u> | 16. SOCIAL SECURITY NO. <u>DK</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS</u> | ADDRESS <u>ST. HOS. #1 FULTON, MO</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parkinson's disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Heart disease</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Feb. 5, 1955, to Feb 23, 1955, that I last saw the deceased alive on Feb 23, 1955, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. J. Cremer M.D. by Deeds</u> | ADDRESS <u>Fulton, Mo</u> | 23c. DATE SIGNED <u>2/23/55</u> |
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| 24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Cremial</u> | 24b. DATE <u>Feb. 26, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Reverend Cemetery Jefferson City Mo</u> | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 25-1955</u> | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> | 426 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Brecher</u> | ADDRESS <u>Jefferson City</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 11 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.....
Signature of Student Embalmer

Signed *Victor Busachu*

Licensed Embalmer No. *370*

P. O. Address *Jefferson*

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.