

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43166**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **4501** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bloomfield</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Bloomfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at family home</b>		STREET ADDRESS (If rural, give location) <b>10340</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HAROLD</b>	b. (Middle) <b>K.</b>	c. (Last) <b>TUCKER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 26, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 18, 1905</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>8</b> Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>City Marshal of Bloomfield</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Zeta, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>John R. Tucker</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Gosberry</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Tucker</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>384012345</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emma Tucker, Bloomfield, Mo.</b>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease yes</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>			

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 **12-26, 1955** to **12-26, 1955**, that I last saw the deceased alive on **12-26, 1955** and that death occurred at **10:42 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Stephen Parker M.D.</b>	23b. ADDRESS <b>Bloomfield Mo.</b>	23c. DATE SIGNED <b>12-30-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 28, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walker Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-5-56</b>	REGISTRAR'S SIGNATURE <b>Leila K. Mooney</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>CHILES UNDERTAKING CO.</b>	ADDRESS <b>Bloomfield, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1961 1 MAY

1961 MAY 2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, & by Lulu Cooper # 3499, Student Embalmer No.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX working under my personal supervision..

Student Signature of Student Embalmer

Signed Ivan C. Cooper Licensed Embalmer No. 4119

P. O. Address Bloomfield,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.