

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24779**

FILED JUL 17 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> <u>Bonne Terre Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Bonne Terre</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Bonne Terre</u>	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 <u>Bonne Terre Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>110 Mound St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arcus</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Tucker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 12 1956</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>March 28, 1892</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	IF UNDER 2 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>Retired Mill worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mines</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Francois Co Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Tucker</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Barron</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Stewart</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>War (1) Army</u>	16. SOCIAL SECURITY NO. <u>494051823</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah Tucker</u>	ADDRESS <u>Bonne Terre</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, asthma, 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>Cerebral thrombosis</u>		<u>15 months</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>Arteriosclerotic heart disease</u>		<u>15 months</u>

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) <u>332X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 March 4, 1955, to June 30, 1956, that I last saw the deceased alive on June 30, 1956, and that death occurred at 3:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Bonne Terre, Missouri</u>	23c. DATE SIGNED <u>7/3/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 3.56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>
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DATE REC'D BY LOCAL REG <u>July 3, 1956</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Sparks Funeral Home, Bonne Terre, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

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JUL 18 1958

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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 *Everett A. Parker*

Licensed Embalmer No. *4218*

P. O. Address *Bonne Terre*

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.