S. No. 300
v. 10.48

FILED OCT 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31830

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 346

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN: Bonne Terre
c. LENGTH OF STAY (in this place): 10 Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN: Flat River
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 304 High St.

0942 0

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): LOUISE
c. (Last): TUCKER

4. DATE OF DEATH (Month) (Day) (Year): Oct. 1, 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 17, 1887
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 5 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Madison County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Heidenreich
13b. MOTHER'S MAIDEN NAME: Mary Bauman
14. NAME OF HUSBAND OR WIFE: Otto Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Alvin Tucker **ADDRESS**: Flat River, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: Several months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) With Metastasis to Brain and Liver — few weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
arterial hypertension — several years
arterial sclerosis — several years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 157X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7/17, 1956, *to* 10/1, 1956, *that I last saw the deceased alive on* 10/1, 1956, *and that death occurred at* 5:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul L. Jones MD
23b. ADDRESS: Flat River, Missouri
23c. DATE SIGNED: Oct-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct-4-1956
24c. NAME OF CEMETERY OR CREMATORY: St. Francois Memo.
24d. LOCATION (City, town, or county) (State): St. Francois Co. Mo.

DATE REC'D BY LOCAL REG.: Oct 3 1956
REGISTRAR'S SIGNATURE: Esther Ridlaff
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Murphy L. Sparks Flat River, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 4256

P. O. Address Flat Rock, N

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