

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **39082**

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 279

S. 300
ev. 1-57

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|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Audrain | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Mexico ⁴³⁰ |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital | | Length of stay in lb 3 days | d. STREET ADDRESS (If outside, give location) 520 W. Jackson |
| 3. NAME OF DECEASED (Type or print) First Viola Middle Tucker Last Tucker | | | 4. DATE OF DEATH Month Nov. Day 19 Year 1957 |
| 5. SEX Female | 6. COLOR OR RACE N. Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 1, 1889 |
| 9. AGE (In years last birthday) 68 | | IF UNDER 1 YEAR Months 0 Days 0 | IF UNDER 24 HRS. Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Mexico, Missouri |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME George Bright | |
| 13b. MOTHER'S MAIDEN NAME Mollie | | 14. NAME OF HUSBAND OR WIFE Elijah Tucker | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 500-10-8971 | |
| 17. INFORMANT Mr. Elijah Tucker | | Address 520 W. Jackson Mexico, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure - Altered fibrillation. | | | INTERVAL BETWEEN ONSET AND DEATH ? |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiac Vascular disease - acute heart failure - Congestive heart failure. | | | 11-15-57 |
| DUE TO (c) 443x | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) X | |
| 20c. TIME OF INJURY Hour X Month, Day, Year a.m. X p.m. X | | | |
| 20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X | |
| 20f. CITY, TOWN, OR LOCATION X | | COUNTY X STATE X | |
| 21. I attended the deceased from 11-15-57 to 11-19-57 and last saw her alive on 11-18-57 . Death occurred at 12:30 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Darryl F. O'Brien M.D. | | 22b. ADDRESS 111 E. Monroe - Mexico Mo | |
| 22c. DATE SIGNED 11-19-57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 11-22-1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | | 23d. LOCATION (City, town, or county). (State) Mexico, Missouri | |
| 24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo. | | 25. DATE RECD. BY LOCAL REG. Nov 22-1957 | |
| 26. REGISTRAR'S SIGNATURE Blanche Neely | | | |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Rep Miller*

Licensed Embalmer No. *4494*

P. O. Address *Medford*

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.