

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43194

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ILLMO</u>	c. LENGTH OF STAY (in this place) <u>54 YRS.</u>	c. CITY OR TOWN <u>ILLMO</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>CHERRY STREET</u>		STREET ADDRESS (If rural, give location) <u>CHERRY STREET 1000</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LARRY</u>	b. (Middle) <u>ESTES</u>	c. (Last) <u>TUCKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19, 1957</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>July 23, 1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>26</u>	IF UNDER 24 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>Railway Switchman (RET.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CTN. Belt Rlwy Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pulaski, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Luther Hillman Tucker</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN WHITAKER</u>	14. NAME OF HUSBAND OR WIFE <u>FRIEDA Elizabeth 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>NO</u>	16. SOCIAL SECURITY NO. <u>702-09-5622</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT TUCKER - FOXFELT, Mo.</u>	ADDRESS <u> </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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis, acute</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> 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) (m.)	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 Oct 1, 1955 to Nov. 19, 1957, that I last saw the deceased alive on Nov. 19, 1957, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jordan M. Dannelly, M.D.</u>	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>11-20-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 22, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIGHTNER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ILLMO (Scott) Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-23-57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Fred Buehler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DISPLINGHOFF FUNERAL HOME - ILLMO, Mo.</u>	ADDRESS <u> </u>
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(Licensed Embalmer's Statement on Reverse Side)

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

445

DATE RECEIVED NOV 25 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1157-239

FEB 3 1958

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.....

Jack I. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

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.