t. Health,
, & Welfare
S. Public
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v. 1-57

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-020077

FILED JUN 9 1959 Registration District No. 323 Primary Registration District No. 6091 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Salt Pond — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): on Highway #40 — Length of stay in Hospital: 70 minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Houstonia — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 080 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Frank Middle: Lee Last: Tuck

4. DATE OF DEATH Month Day Year: May 31, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: October 18, 1942

9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Sam Tuck

13b. MOTHER'S MAIDEN NAME: Charline Marie McCarty

14. NAME OF HUSBAND OR WIFE: none

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 Address: Mr. Sam Tuck, Houstonia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 70 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cervical vertebrae fractures. — 70 min.
DUE TO (c)
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? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident on U.S. Highway 40 3 miles West of Sweet Springs, Mo.

20c. TIME OF INJURY: 2:00 p.m. Month, Day, Year: 5-31-59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 40

20f. CITY, TOWN, OR LOCATION: [illegible] COUNTY: Saline STATE: Mo.

21. I attended the deceased from 5-31-59, to 5-31-59 and last saw him alive on 5-31-59
Death occurred at 3:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul A. Roberts, M.D.

22b. ADDRESS: Sweet Springs, Mo.

22c. DATE SIGNED: 5-31-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 2, 1959

23c. NAME OF CEMETERY OR CREMATORY: Houstonia Cemetery

23d. LOCATION (City, town, or county) (State): Houstonia, Mo.

24. FUNERAL DIRECTOR Address: L. F. Parker, Sweet Springs, Mo.

25. DATE RECD. BY LOCAL REG.: June 1, 1959

(Licensed Embalmer's Statement on Reverse Side)

26. REGISTRAR'S SIGNATURE: Mary Mosley

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.