DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

-60-043156
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 274

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Moberly
Length of stay in 1b: 34 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Woodland Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 112 S. 4th St.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: LOGAN Middle: THOMAS Last: STUCK

4. DATE OF DEATH: Month November Day 17 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 5-15-1885
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Cairo Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas Stuck
13b. MOTHER'S MAIDEN NAME: Margaret Willard
14. NAME OF HUSBAND OR WIFE: —

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.: 492-28-2117
17. INFORMANT: Orville Stuck Address: Moberly Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intracranial Injury — INTERVAL BETWEEN ONSET AND DEATH: 4½ hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) Limb of tree fell, striking Head.
20c. TIME OF INJURY: Hour 12 p.m. Month, Day, Year: Nov 17-60
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.): about home
20f. CITY, TOWN, OR LOCATION: Moberly COUNTY: Randolph STATE: Mo.

21. I attended the deceased from Nov 17, to Nov 17 and last saw ~~her~~ him alive on Nov 17
Death occurred at 4:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title): MD
22b. ADDRESS: Moberly Mo
22c. DATE SIGNED: 18 Nov 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov-20-1960
23c. NAME OF CEMETERY OR CREMATORY: Eads Chapel Cemetery
23d. LOCATION (City, town, or county) (State): R. W. Jacksonville Mo.

24. FUNERAL DIRECTOR: Cater Funeral Home ADDRESS: Moberly Mo.
25. DATE RECD. BY LOCAL REG.: 11-20-60
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. M. Cater
Signature of Student Embalmer

Licensed Embalmer No. 411

P. O. Address Moberly

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