SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-043782
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3002 Registrar's No. 445

FILED DEC 19 1961

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo
Length of stay in 1b: 1 wk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Brandon
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Stoddard
c. CITY OR TOWN Puxico, Missouri
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 mi north Puxico,
Reside on Farm: Yes ☐ [redacted]

3. NAME OF DECEASED (Type or print) First: Laycofa Middle: Tucker Last:
4. DATE OF DEATH Month: Dec Day: 6, Year: 1961
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-22-1901
9. AGE (last birthday): 60
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Puxico, Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Dave Wilfong
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Ira C. Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ira C. Tucker Address: Puxico, 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 Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 Wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Endo-Carditis — 6 Mo
DUE TO (c) Hypertension — 2 Yrs
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12-3-61 to 12-6-61 and last saw her/him alive on 12-6-61
Death occurred at 12-6-61 9:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) W.L.Brandon M.D.
22b. ADDRESS 1124 No Main St Poplar Bluff, Mo
22c. DATE SIGNED 12-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-9-61
23c. NAME OF CEMETERY OR CREMATORY: Brown Cemetery
23d. LOCATION (City, town, or county) (State): Puxico, Missouri
24. FUNERAL DIRECTOR ADDRESS: Morgan Funeral Home Puxico, Mo
25. DATE RECD. BY LOCAL REG.: 12/16/1961
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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_____ Signed Wm. H. Morgan

Signature of Student Embalmer

Licensed Embalmer No. 464

P. O. Address Advance

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