

STANDARD CERTIFICATE OF DEATH

State File No. **7281**

BIRTH NO. **MAR 17 1952** REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4024** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cassville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (White River Twp.)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cassville Community Hosp.		d. STREET ADDRESS (If rural, give location) 0050	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Tucker c. (Last) Tucker		4. DATE OF DEATH (Month) (Day) (Year) 3-14-1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 21, 1871
9. AGE (In years last birthday) 80		10. F UNDER 1 YEAR <input type="checkbox"/> 11. F UNDER 15 HRS. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Richard Tucker		13b. MOTHER'S MAIDEN NAME Martha P. Lewis		14. NAME OF HUSBAND OR WIFE Arizona 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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Tucker-Golden, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		ANTECEDENT CAUSES			
DUE TO (b) _____		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. senility					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 7, 1952**, to **March 14, 1952**, that I last saw the deceased alive on **March 13, 1952**, and that death occurred at **5 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Antonia A. Wines, M.D.		23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 3-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-1952		24c. NAME OF CEMETERY OR CREMATORY Viney Cemetery	
				24d. LOCATION (City, town, or county) (State) Barry County, Missouri	

DATE REC'D BY LOCAL REG. 3-14-1952		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. E. Culver - Cassville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

20 50

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
Student Embalmer

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.