" FILED APR 17 1956	THE DIVISION OF HE			12288
	STANDARD CERTIF	ICATE OF DEATH	State File No.	
BIRTH NO	REG. DIST. NO.	PRIMARY REG. DIST. NO.	4024 Registrar's N	. 2 b
1. PLACE OF DEATH		STATE	CE (Where deceased lived. If is b. COUNTY	natitution: residence before admission),
第444		c. CITY		arry
b. CITY (If outside corporate limits, write RURAL and give c. LENGTH OF OR township) STAY (in this place) TOWN C SSV111e			1 *5	Residence within limits of ity or incorporated town?
d. FULL NAME OF (If not in hospital or i			f rural, give location)	0050
HOSPITAL OR Cassvill	e Community Hosp	. ADDRESS 4 Mi.	S=W of Butte	rfield 0
3. NAME OF a. (First) DECEASED	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) James	Elmer	Tucker	OF DEATH 4 -	7 -56
5. SEX \$16. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years IF UND last birthday) Month	ER I YEAR OF UNDER 11 HES.
Male White	Married	1-14-1877	79 2	23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City a	nd State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Butterfield	. Mo.	U.S.A.
13a. FATHER'S NAME	135. MOTHER'S MAIDEN	NAME 14	. NAME OF HUSBAND'OR W	IFE ,
Thomas Tucker			<u>Lena E. Tucke</u>	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes, give war or dates		17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS
no	Time	dena 6.	mcker, pu	theefeeld, M.
18. CAUSE OF DEATH Enter only one cause per I. DISEASE, OR C		CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
line for (a), (b), and (c)	ONDITION WING TO DEATH*(a)	ma/		- 7 day
*This does not mean ANTECEDENT C				
the mode of dying, such Morbid condition	s, if any, giving DUE TO (b)			
as heart failure, arthenia, tise to the above of the underlying ca	use last.	livorscular-		11-5-2
case, injury, or complica-	DUE TO (c) CONTROL FICANT CONDITIONS	worscular-	read syndron	12 7 7 7 7 7 7 7 7 1
I THE WHITE COLUMN I THE STREET	buting to the death but not ase or condition causing death.			
19a. DATE OF OPERA- 19b. MAJOR FIN	DINGS OF OPERATION		1./ 4	20. AUTOPSY?
TION			4421	YES NO X
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bldg., etc.)	21c. (CITY, TOWN, OR TOV	VNSHIP) (COUNTY)	(STATE)
21d. TIME (Month) (Day) (Year)	(Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OC	CUR?	
OF INJURY	m. WHILE AT NOT WHILE WORK	1		
22. I hereby certify that I attended	the deceased from	1950 10 Mar.	7 , 1956, that I l	ast saw the deceased
alive on Mar. 7, 195	6, and that death occurred at	210a. m., from the c	auses and on the date sta	ted above.
23a. SIGNATURE	(Degree or title)	235_ADDRESS	•	23c. DATE SIGNED
Mary new	man, m.D.	Cassvill		14-7-56
24a. BURIAL, CREMA-() 24b. DATE TION, REMOVAL (Speedly) 4 1 (24 NAME OF COMETER	sem 1	LOCATION (City 5wn, or co	ounty) (State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE A C	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS
4-11-56 Star	e Williams	<u></u>	- 112 S.J.	Suille
	(Licensed Embalmer's	Statement on Reverse Side)	MALIN S. D. WILL	remen

	COUNTY HEALTH UNITY CASSVILLE, MO.
NO	456-70

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en by me, or by Student Embalmer No.......

working under my personal supervision..

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

Licensed Embalmer No. 4