

FILED
CERTIFICATE OF DEATH
SEP 10 1973

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 98

DO NOT WRITE ON THIS STUB

VS 300
Rev. 11/72

7b-c. 0200
7d. 10013
8. 29
14a. 29
14b. 009
14c. 0730
14e. 035
23b. DR 02083
26a. 1
18. U 4124
18. S. 1.
18. S. 2.
20a-f.
20g. St.
20g. Co.
20g. Cy.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED BY INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
CLEVA PEARL TUCKER		2. Fe.	3. Sept. 3, 1973
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MO. DAYS	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. White	5a. 70	5b. 5c.	6. Aug. 15, 1903 7a. Lawrence
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Aurora		7c. yes	7d. Aurora Community Hospital
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri	9. USA	10. Married	11. James A. Tucker
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
14c. 497-24-5584	13a. Housewife	13b. Home	
RESIDENCE—STATE COUNTY	CITY, TOWN, OR LOCATION, ZIP CODE	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Mo.	14b. Barry	14c. Cassville 65625	14d. yes
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Ovie Harper		16. Arkdale Kay	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. James A. Tucker		17b. 1011 Mill, Cassville, Mo. 65625	
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		18. 12 hrs	
(a) DUE TO, OR AS A CONSEQUENCE OF:		18. undetermined	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19a. no
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
20e.	20f.	20g.	20h.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 1970	21b. 9/3/73	21c. 9/3/73	21d. 1:38 PM
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
22a. W. P. Hamilton, M.D.		22b. 2083	22c. 9/5/73
CERTIFIER—NAME (TYPE OF PRINT)		MO. LICENSE NO.	SIGNATURE
23a. W. P. Hamilton, M.D.		23b. 2083	23c. [Signature]
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN STATE ZIP
23a. 1507 469		Aurora Mo 65602	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE
24a. Burial	24b. Mt. Pleasant Cemetery		24c. Purdy, Mo.
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. Sept. 7, 1973	24e. Williamson, 1303 MAIN, Cassville, Mo. 65625		
FUNERAL DIRECTOR—SIGNATURE	REG. NO.	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25a. [Signature]	25b. 212	25c. Leonard Bixby by D. J. [Signature]	26a. Sept. 6, 1973

Type or print in PERMANENT BLACK INK. See handbook for instructions.

SEP 17 1973

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 Dyle E. Williamson

Licensed Embalmer No. 4883

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

File. In per subject's name