

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 4352 Primary Registration District No. 4352 Registrar's No. 0007326 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

MRF 1LED02 364

VS 300
Rev. 4/59

1 0710

2 0290

3

4 0

5 0

6

7 0

8 2

9 792+

10

11

12 860

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Versailles, Mo</u>		Length of stay in 1b <u>5 Days</u>	c. CITY OR TOWN <u>Centertown, Mo</u>
c. FULL NAME OF (IF NOT in hospital, give location) <u>Kidwell Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt # 1</u>
3. NAME OF DECEASED (Type or print) First <u>Clyde</u> Middle <u>Jackson</u> Last <u>Tucker</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>22</u> Year <u>1964</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/4/90</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On Santa Fe R.R.</u>	9. AGE (last birthday) <u>73</u>
13a. FATHER'S NAME <u>Henry C. Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Florance E. Murray</u>	11. BIRTHPLACE (City and state or country) <u>Sedalia, Mo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Uremia</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>2-15-64</u> to <u>2-22-64</u> and last saw ^{her} _{him} alive on <u>Feb 22 1964</u> Death occurred at <u>2/15P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jack Gunn MD</u> (Degree or title)		22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>2-23-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/25/64</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Centertown, Mo</u>
24. FUNERAL DIRECTOR <u>Bowlin Funeral Home-California, Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-25-64</u>	26. REGISTRAR'S SIGNATURE <u>J. J. [Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 John H. Rowlin
Licensed Embalmer No. 4933

P. O. Address California, 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.