No. 300
10-48

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15899

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville,
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cooper
c. CITY OR TOWN: Boonville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 923 E. Spring St. 0272

3. NAME OF DECEASED (Type or Print)
a. (First): Alma
b. (Middle): Eimbeck
c. (Last): Tuke.

4. DATE OF DEATH (Month) May (Day) 30 (Year) 1956

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 21 1876

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: 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: Own home

11. BIRTHPLACE (City and State or Foreign Country): Franklin County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: Frederick Eimbeck

13b. MOTHER'S MAIDEN NAME: Nancy Ann Davis.

14. NAME OF HUSBAND OR WIFE: Henry Tuke.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Emma Thorp, Jefferson City, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture right hip — 5-7-56

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION: 4222F

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) Boonville (COUNTY) Cooper (STATE) Mo

21d. TIME OF INJURY (Month) 5 (Day) 7 (Year) 56 (Hour) 1:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Fell on floor

22. *I hereby certify that I attended the deceased from* 5-7, 1956, *to* 5-30, 1956, *that I last saw the deceased alive on* 5-29, 1956, *and that death occurred at* 1:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) T C Beckett md

23b. ADDRESS: Boonville Mo

23c. DATE SIGNED: 5-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 1 1956

24c. NAME OF CEMETERY OR CREMATORY: New Haven

24d. LOCATION (City, town, or county) (State): New Haven, Missouri.

DATE REC'D BY LOCAL REG. 5/31/56

REGISTRAR'S SIGNATURE: D. Hooper

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Goodman & Boller, Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0

381
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..William W. Wood.....

Licensed Embalmer No..4539.

P. O. Address Boonville, I

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