

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37420

FILED NOV 27 1956

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 338

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN JEFFERSON CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 800 West Main		d. STREET ADDRESS (If outside, give location) 800 W. Main	
3. NAME OF DECEASED (Type or print) First William Middle Henry Last Tambke		4. DATE OF DEATH Month Nov. Day 18. Year 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 4 1901
9. AGE (In years last birthday) 55		10. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.	11. BIRTHPLACE (City and state or country) Hustonia Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John F Tambke		14. MOTHER'S MAIDEN NAME Carrie Rhiel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 702-209446	
17. INFORMANT Mrs. W.H. Tambke		Address 800 W. Main St. Jefferson C.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction DUE TO (b) arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH few hours year
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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. _____			
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 Nov 16/56 to Nov 18/56 and last saw alive on Nov 18/56 Death occurred at 1:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clayton A. Taylor M.D. (Degree or title)		22b. ADDRESS Jefferson City, Mo.	22c. DATE SIGNED 11-21-56
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 21, 1956	23c. NAME OF CEMETERY OR CREMATORY Riverview	23d. LOCATION (City, town, or county) (State) Jefferson City, Mo
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn Mo	25. DATE RECD. BY LOCAL REG. 20 Nov. 1956
26. REGISTRAR'S SIGNATURE R. P. Davis MD-DR			

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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 embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Vernon M. Moore*

Licensed Embalmer No. *41*

P. O. Address *Linn*

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.