

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7754

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CAPE GIRARDEAU</u>		
b. CITY OR TOWN <u>2 Mi. Sp. old Appleton, Mo. Dying</u>		c. LENGTH OF STAY (In this place) <u>Mo. Dying</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u>		OR TOWN <u>0164</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 25</u>			d. STREET ADDRESS (If rural, give location) <u>1218 Dunklin</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGA</u> b. (Middle) <u>ANN</u> c. (Last) <u>AMELUNKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 23 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>August 19 1932</u>	9. AGE (In years last birthday) <u>18</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CAPE GIRARDEAU, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>EARL G. NANNA</u>		13b. MOTHER'S MAIDEN NAME <u>ADA JO ROWE</u>	14. NAME OF HUSBAND OR WIFE <u>MARVIN AMELUNKE</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.	17. INFORMANT'S SIGNATURE OR NAME <u>EARL NANNA</u> ADDRESS <u>CAPE GIRARDEAU MO</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures bruises and laceration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2</u>		
ANTECEDENT CAUSES <u>traumatic Automobile Accident. With</u>			DUE TO (b) <u>severe surgical shock.</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>On Hwy. 25. Sp. of Appleton</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Shawnetown</u>	(COUNTY) <u>Cape</u>	(STATE) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>March 23 1951 P. 3:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>E. B. Driskell</u> (Degree or title) <u>Coroner 3</u>			23b. ADDRESS <u>4 S. Pacific St Cape Girardeau Mo</u>		23c. DATE SIGNED <u>March 24 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>MAR 28 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MO</u>		
DATE REC'D BY LOCAL REG. <u>Mar 26 1951</u>	REGISTRAR'S SIGNATURE <u>A. S. Linder</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ford Young</u> FORD YOUNG FUNERAL HOME, INC. CAPE GIRARDEAU, MISSOURI		

(Licensed Embalmer's Statement on Reverse Side)

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

160
3

RECEIVED

APR 2 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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
Student Embalmer

Signed *B. A. Meyer*

Licensed Embalmer No. *3057*

P. O. Address *Jackson 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 this body is not embalmed, fact should be so stated above.