

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7755

BIRTH NO.		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 5782		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, give name of town or township) 2 M. So. Old Appleton, Mo. DRIVING				c. CITY (If outside corporate limits, write RURAL and give township) 0164			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hwy 25				d. STREET ADDRESS (If rural, give location) 1218 Duxelin			
3. NAME OF DECEASED (Type or Print) MARYIN KENNEY		b. (Middle) AMELUNKE		c. (Last)		4. DATE OF DEATH MAR 23 1951	
5. SEX M D W		6. COLOR OR RACE W		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 27 1930	
9. AGE (In years last birthday) 20		10. IF UNDER 1 YEAR Days 8 Hours 26		11. BIRTHPLACE (State or foreign country) Dutchtown, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEERS		10b. KIND OF BUSINESS OR INDUSTRY Little River D. Dist		13a. FATHER'S NAME LEO W. AMELUNKE		13b. MOTHER'S MAIDEN NAME EIMA EVA PAINTER	
13c. NAME OF HUSBAND OR WIFE GEORGE ANN AMELUNKE		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE OR NAME Leo Amelunke	
17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures bruises and lacerations traumatic Automobile Accident. With severe surgical shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 26	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) On H.W. 25 S. of Appleton		21c. (CITY, TOWN, OR TOWNSHIP) Shawnetown		(COUNTY) Cape (STATE) Mo	
21d. TIME OF INJURY March 23 51 P.M.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Automobile Accident			
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 E. R. Trickett		(Degree or title) Coroner		23b. ADDRESS 4 S. Pacific St Cape Girardeau, Mo		23c. DATE SIGNED Mar 24. 51	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE MAR 28, 1951		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) Cape Girardeau, Mo (State)	
DATE REC'D BY LOCAL REG. Mar 26 1951		REGISTRAR'S SIGNATURE D. G. L. L. L.		25. FUNERAL DIRECTOR'S SIGNATURE, INC. 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

MAR 20 1951

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 *Lawrence Green*
Licensed Embalmer No. *47136*

P. O. Address *Cape Girardeau*

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.