

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19626
Registrar's No. 47

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 6296

1. PLACE OF DEATH
a. COUNTY FARE BRADDEAU
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Summit
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE MO.
b. COUNTY FAREBRADDEAU
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 0160
d. STREET ADDRESS (If rural, give location) 1 MILE WEST OF TILSIT

3. NAME OF DECEASED
a. (First) EMMA
b. (Middle) A.
c. (Last) AMELUNKE

4. DATE OF DEATH (Month) (Day) (Year)
JUNE 15 1951

5. SEX
FEMALE

6. COLOR OR RACE
W

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

8. DATE OF BIRTH
FEB 12, 1881

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Mins.
70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
TILSIT MO

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
MAX BIRK

13b. MOTHER'S MAIDEN NAME
LOUISE NAGEL

14. NAME OF HUSBAND OR WIFE
OTTO H. AMELUNKE

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Betty J. Fisher Tilsit, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Don't Know
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
V

INTERVAL BETWEEN ONSET AND DEATH
Don't Know

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4500

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1948 to Jan 14, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 1:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Dr. R. A. Anderson M.D.

23b. ADDRESS
Sumner Mo.

23c. DATE SIGNED
6-14-51

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

24b. DATE
JUNE 17, 1951

24c. NAME OF CEMETERY OR CREMATORY
Sumner Heights

24d. LOCATION (City, town, or county) (State)
Sumner Mo.

DATE REC'D BY LOCAL REG.
June 19 1951

REGISTRAR'S SIGNATURE
D. G. Seubing

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J. C. Cracraft Sumner Mo.

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

RECEIVED

JUN 25 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Gene C. Crawford

Licensed Embalmer No. 4327

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.