

FILED JUL 28 1953

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **25219**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>3448</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>1 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		3108			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>504 Woodland</b>				d. STREET ADDRESS (If rural, give location) <b>10 504 Woodland</b>					
3. NAME OF DECEASED a. (First) <b>EMIL</b>		b. (Middle) <b>TUENGE</b>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>7-7-53</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>12-5-1866</b>			
9. AGE (in years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>C</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>			
12. CITIZEN OF WHAT COUNTRY? <b>C</b>		13a. FATHER'S NAME <b>August Tuenge</b>		13b. MOTHER'S MAIDEN NAME <b>C</b>		14. NAME OF HUSBAND OR WIFE <b>C</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>C</b>		16. SOCIAL SECURITY NO. <b>C</b>		17. INFORMANT'S SIGNATURE AND NAME <b>Wm Claude Moore</b>		ADDRESS <b>219 W. 162</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Cardiac failure</b> <b>arteriosclerotic heart disease</b> <b>arteriosclerosis</b> 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 <b>4800</b>	
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) <b>Natural</b>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
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 <b>Hugh H. Owens</b>		(Degree or title)		23b. ADDRESS <b>1034 Rialto Blvd</b>		23c. DATE SIGNED <b>7-9-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7-11-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington</b>		24d. LOCATION (City, town, or county) (State) <b>KC Mo</b>			
DATE REC'D BY LOCAL REG. <b>7-10-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Beta B. Roebuck</b>		ADDRESS <b>KC Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 

Licensed Embalmer No. 4223

P. O. Address LC Me

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.