

FILED AUG 9 - 1954

STANDARD CERTIFICATE OF DEATH

22326

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>292</u>	
1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>			
c. LENGTH OF STAY (In this place) <u>10 mo.</u>				d. STREET ADDRESS (If rural, give location) <u>401 N. THIRD ST.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAPE STEPHENIC HOSP.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>ALBERT HENRY AMELUNTE</u>							
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>JULY 30 1954</u>							
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JUNE 19 1904</u>	
9. AGE (In years last birthday) <u>50</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>GORDONVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LITTLE RIVER DRAINAGE</u>		11. BIRTHPLACE (State or foreign country) <u>GORDONVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>AUGUST AMELUNTE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY WALPER SWILER</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-28-7842</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leo Amelunte - Dutchtown Mo</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u>					
		DUE TO (c) <u>Arteriosclerosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Infarction - Hypertensive Pneumonia</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>YES</u> ☐ <u>NO</u> ☒	
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) (Min.)		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 <u>7-30</u> , 19 <u>54</u> , to <u>7-30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-30</u> , 19 <u>54</u> , and that death occurred at <u>4:15</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.M. Stevenson, D.O.</u>		23b. ADDRESS <u>Unich Bldg Cape Girardeau Mo</u>		23c. DATE SIGNED <u>8-2-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24b. DATE <u>AUG. 2-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION LUTHERAN CEM. GORDONVILLE MO</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>8-3-54</u>		REGISTRAR'S SIGNATURE <u>T.G. Summers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>P.M. Stubbs - Chaffee Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1954

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. _____

P. O. Address _____

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.