MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-033403
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 88

FILED AUG 20 1962

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter
Length of stay in 1b: 3 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Green Meadow Rest Home
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cape Girardeau
c. CITY OR TOWN Gordonville
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Rural Route
Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First William Middle H. Last Hennecke

4. DATE OF DEATH: Month August, Day 8, Year 1962

5. SEX: M
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 24, 1879
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Tilsit, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Chris Hennecke
13b. MOTHER'S MAIDEN NAME: (Unknown) Meyer
14. NAME OF HUSBAND OR WIFE: Annie Mary Amelunke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): N/A
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Annie Mary Amelunke Address: Gordonville, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovacular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) hypertension — unknown
DUE TO (c) arteriosclerosis — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 28, 1962, to Aug. 7, 1962 and last saw ~~her~~ him alive on August 7, 1962
Death occurred at 5:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Floyd C Northington, D.O.
22b. ADDRESS Dexter, Missouri
22c. DATE SIGNED 8/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 10, 1962
23c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cemetery
23d. LOCATION (City, town, or county) (State): Gordonville, Missouri

24. FUNERAL DIRECTOR: U.C. Craircraft ADDRESS: Jackson, Mo.
25. DATE RECD. BY LOCAL REG.: 8-9-62
26. REGISTRAR'S SIGNATURE: Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	10.35		
2	0160		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	331X		
10			
11			
12	76-2		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

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_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4327

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.