

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31290

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5920</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Union</u> c. LENGTH OF STAY (in this place) _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Unterreiner</u> c. (Last) <u>Hopfer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 4 1878</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Unterreiner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Faggold</u>		14. NAME OF HUSBAND OR WIFE <u>Arnold Hopfer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer Hopfer Fruhna Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</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>Hemiplegia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>5 years</u> <u>5 years</u>
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>592 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>May 20, 1944</u> , to <u>Sept 10, 1949</u> , that I last saw the deceased alive on <u>Sept 8, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Theodore Fischer</u>		(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Attenburg Missouri</u>		23c. DATE SIGNED <u>9/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Uniontown Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 13-1949</u>		REGISTRAR'S SIGNATURE <u>Jose J. Joellman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young &amp; Sons Respyellers Inc</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

STATION

RECEIVED 10-4-49

District Health Officer No. 4

Public Health No. 1049-1318

Date 10/4/49

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 *Charles J. Young*

Licensed Embalmer No. 2138

P. O. Address *Pearyville 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.