

FILED MAR 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 4462

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5427 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROBERTSVEILLE "Rural" 90Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROBERTSVEILLE "RURAL" 8360	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) KATHERINE UNNERSTALL			4. DATE OF DEATH (Month) (Day) (Year) Mar 2, 1950		
a. (First)		b. (Middle)		c. (Last)	

5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Oct 2, 1860		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months Days 4 10		IF UNDER 24 Hrs. Hours Min. 0 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Robertsville "Rural" 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME Henry Pomm			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Behn Unnerstall		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wm Unnerstall		ADDRESS Robertsvill	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia						4 days	
			ANTECEDENT CAUSES							
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerotic Cardia DUE TO (c) Vascular Disease						10 yrs	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				

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)				
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
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22. I hereby certify that I attended the deceased from Jan 1, 1946, to 3-2-50, 19 , that I last saw the deceased alive on 3-1, 1950, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. H. Steinhilber M.D.		23b. ADDRESS Union Mo.		23c. DATE SIGNED 3-3-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-4-50		24c. NAME OF CEMETERY OR CREMATORY St Mary's Church Cemetery		24d. LOCATION (City, town, or county) (State) Robertsville Mo.	
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DATE REC'D BY LOCAL REG. Mar 4-50		REGISTRAR'S SIGNATURE Mary B. Gross 94		25. FUNERAL DIRECTOR'S SIGNATURE Union Funeral Home, Union		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

-----District File Number-----

District Health Officer No. 9,

RECEIVED MAR 8 1968

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 Harlan Johannaker

Licensed Embalmer No. 4488

P. O. Address Union 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.