

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18830

State File No. ....

FILED JUN 1 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 250 PRIMARY REG. DIST. NO. 4374 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Madaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clyde</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clyde</u>	d. STREET ADDRESS (If rural, give location) <u>0740</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>William</u>	b. (Middle) <u>John</u>	c. (Last) <u>Untiedt</u>	5	23	53

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 7 - 1871</u>	9. AGE (In years last birthday) <u>82</u>	# UNDER 1 YEAR Months <u>4</u> Day <u>16</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Hanover Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
--	---	--	--

13a. FATHER'S NAME <u>John Untiedt</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Catherine Untiedt</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Untiedt</u>	ADDRESS <u>Clyde, Mo.</u>
--	-------------------------------------	--	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>	DUE TO (b) <u>Cerebral arteriosclerosis?</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 5/10, 1953 to 5/19, 1953, that I last saw the deceased alive on 5/19, 1953, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Plunk</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marionville Mo</u>	23c. DATE SIGNED <u>5-25-53</u>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saint Columba</u>	24d. LOCATION (City, town, or county) (State) <u>Conception, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>May 25 - 53</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. Gabenschaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Aggar</u>	ADDRESS <u>Kingsley Mo</u>
---	---	---	----------------------------

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

40  
1

JUN 2 1953

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

*R. G. Taggart*

Licensed Embalmer No.

*2563*

P. O. Address

*King City 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.