

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28233

State File No.

FILED SEP 14 1953

BIRTH NO.		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>1588</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Union</u>		d. Is Residence within limits of a city of incorporated town? Yes <u>B</u> No <u>D</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>				e. STREET ADDRESS (If rural, give location) <u>118 Franklin Ave</u> <u>036/0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>H.</u> c. (Last) <u>Unnerstall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 12 1861</u>		
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>		IF UNDER 2 HRS. Hours <u>1</u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Villa Ridge, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Casper Unnerstall</u>			13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Kathrine Unnerstall</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 <u>John Unnerstall</u> ADDRESS <u>Union, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Marked arteriosclerosis</u> DUE TO (c) <u>Sensitizy</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right femur</u> <u>Gangrenous ulcer left foot</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>15 years</u>	
19a. DATE OF OPERATION <u>10 Sept 53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck Rt. femur 4500 F</u>					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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>November, 1948</u> , to <u>10 Sept, 1953</u> , that I last saw the deceased alive on <u>10 Sept, 1953</u> , and that death occurred at <u>9:45 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Wm. Richardson, M.D.</u>				23b. ADDRESS <u>Union, Mo.</u>		23c. DATE SIGNED <u>11 Sept 53</u>		
24a. BURIAL-CREMA-TION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John Gildehaus</u>		24d. LOCATION (City, town, or county) (State) <u>Villa Ridge, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9/11/53</u>		REGISTRAR'S SIGNATURE <u>E. P. Schulman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Altman</u> ADDRESS <u>Union, Mo.</u>				

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

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 *Reyl H. Altman*.....

Licensed Embalmer No. *4805*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.