No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7968

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 138

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 40yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 717 Jefferson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
d. STREET ADDRESS (If rural, give location): 717 Jefferson Ave.

0164

3. NAME OF DECEASED (Type or Print)
a. (First): Nicholas
b. (Middle): ———
c. (Last): Unterriner

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 3, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Planer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill
11. BIRTHPLACE (City and State or Foreign Country): Apple Creek, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Unterriner
13b. MOTHER'S MAIDEN NAME: Catherine Schemal
14. NAME OF HUSBAND OR WIFE: Agnes Unterriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 491-07-3596
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Agnes Unterriner Cape Girardeau, Mo.

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) Condition of Stomach Indigestion — INTERVAL BETWEEN ONSET AND DEATH: 2 days before he died

ANTECEDENT CAUSES — I saw him about 4 days before he died

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) died

DUE TO (c) to a cardiac condition.

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: 4343
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 24th, 1954, *to* Mar. 31st, 1954, *that I last saw the deceased alive on* Mar 28th, 1954, *and that death occurred at* 9:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. B. Schultz, M.D.
23b. ADDRESS: Cape Girardeau, Mo
23c. DATE SIGNED: 4/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/2/54
24c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG.: 4-1-54
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
28. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. J. Lorberg Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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