

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

28478

State File No. ....


FILED AUG 30 1954

BIRTH NO. ....		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>5916</u>		Registrar's No. <u>103</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cinque Hommes Twp.</u>		c. LENGTH OF STAY (in this place) <u>4 Years</u>		c. CITY OR TOWN <u>Perryville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perryville, Star Route</u>				e. STREET ADDRESS (If rural, give location) <u>Star Route</u> <u>0790</u>			
3. NAME OF DECEASED (Type or Print) <u>Gottfried</u>		a. (First) <u>Benjamin</u>		c. (Last) <u>Unterreiner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>September 3, 1880</u>	
9. AGE (In years last birthday) <u>73</u>		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gottfried Unterreiner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Helen Volz</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Kirm Unterreiner</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 ADDRESS <u>B.B. Unterreiner, Perryville, Mo. Star Rt.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post Paralysis</u> DUE TO (c) <u>Stroke</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>8 yrs</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)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>1949</u> , 19 <u>  </u> , to <u>Aug 20</u> , 19 <u>54</u> ; that I last saw the deceased alive on <u>Aug 16</u> , 19 <u>54</u> , and that death occurred at <u>3:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Don Weeden</u>		(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Perryville</u>		23c. DATE SIGNED <u>8-22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Maurus Catholic Cem. Biehle, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Albert R. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert R. Perry</u>		ADDRESS <u>Perryville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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,  ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..... 38

P. O. Address *Perryville*

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.