

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18140

FILED JUN 5 1957

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| BIRTH NO. | | REG. DIST. NO. 273 | | PRIMARY REG. DIST. NO. 3051 | | Registrar's No. 36 | |
| 1. PLACE OF DEATH a. COUNTY Perry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Perryville | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 106 S. Moulton | | | | e. STREET ADDRESS (If rural, give location) 106 S. Moulton | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Joseph | | b. (Middle) Anton | | c. (Last) Unterreiner | |
| 4. DATE OF DEATH | | (Month) April | | (Day) 16, | | (Year) 1957 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH May 14, 1881 | |
| 9. AGE (In years last birthday) 75 | | 10. UNDER 1 YEAR Months | | 11. UNDER 1 YEAR Days | | 12. UNDER 1 YEAR Hours | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shoemaker | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Perry Co., Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Joseph E. Unterreiner | | 13b. MOTHER'S MAIDEN NAME Schamer | | 14. NAME OF HUSBAND OR WIFE Minnie Berkgigler, De'd. | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 493-26-8799 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Joe Valleroy | | | |
| 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) Acute Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 4201 | | 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) (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 1950, 19, to 4-16, 1957, that I last saw the deceased alive on 4-16, 1957, and that death occurred at 6:30 A.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE C. M. Weidman | | 23b. ADDRESS Do - Perryville | | 23c. DATE SIGNED 4/16/57 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE April 18, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | | 24d. LOCATION (City, town, or county) (State) Perryville, Missouri | |
| DATE REC'D BY LOCAL REG. 4-18-57 | | REGISTRAR'S SIGNATURE Joe J. Zeller | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Kallae Young

Licensed Embalmer No. *4027*

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.