

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006578

State File No.

FILED FEB 17 1959

BIRTH NO. REG. DIST. NO. 273 PRIMARY REG. DIST. NO. Registrar's No. 13

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| 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) <u>Uniontown</u> | | c. CITY OR TOWN <u>Uniontown</u> 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 | | e. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Edward</u> c. (Last) <u>Unterreiner</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1959</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>Nov. 26, 1870</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months Days Hours Min. |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>Joseph E. Unterreiner</u> | 13b. MOTHER'S MAIDEN NAME <u>Theresa Trapp</u> | 14. NAME OF HUSBAND OR WIFE <u>Philomena Unterreiner</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>486-38-1254</u> |
| 17. INFORMANT'S NAME <u>Mrs. Henry Erzfeld</u> | | 17. ADDRESS <u>St. Louis, Mo.</u> |

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| 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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Arteriosclerosis, General</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>1 week</u> <u>5 years</u> <u>15 years</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 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 Nov. 15, 1953, to Feb. 1st, 1959, that I last saw the deceased alive on Jan 29, 1959, and that death occurred at 12:55 PM m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Theodore Fischer</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Altenburg, Mo.</u> | 23c. DATE SIGNED <u>2-2-59</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 3, 1959</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem., Schnurbusch, Mo.</u> |
| 24d. LOCATION (City, town, or county) (State) | | |

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| DATE REC'D BY LOCAL REG. <u>2-3-59</u> | REGISTRAR'S SIGNATURE <u>Lois J. Zoller</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u> ADDRESS <u>Perryville, Mo.</u> |
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(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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 30764

P. O. Address Ferrysville,

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.