

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010374
STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 273 Primary Registration District No. Registrar's No. 24

300
1-57 4

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, give TOWNSHIP only) Central Township		c. CITY OR TOWN Perryville	
OR TOWN Central Township		OR TOWN Perryville	
c. FULL NAME OF (If NOT in hospital, give location) Pine Lawn Nursing Home		d. STREET ADDRESS (If outside, give location) R.l.	
HOSPITAL OR INSTITUTION		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) John Anthony Unterreiner			4. DATE OF DEATH March 6, 1959		
First Middle Last			Month Day Year		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 12, 1869	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state) Cape Girardeau, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Gottfried Unterreiner	13b. MOTHER'S MAIDEN NAME Helen Volz	14. NAME OF HUSBAND OR WIFE Helen Berkbigler
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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.	17. INFORMANT B.B. Unterreiner, Perryville, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial Infarct		3/4/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchial Pneumonia	Feb. 17-59
	DUE TO (c) Arteriosclerosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 491X
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Biehle, Mo.	COUNTY	STATE
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21. I attended the deceased from 1958 to 3/6/59 and last saw her alive on 3/6/59 Death occurred at 2:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) W. Weidman, D.O.	22b. ADDRESS Perryville, Mo.	22c. DATE SIGNED 3/7/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 9, 1959	23c. NAME OF CEMETERY OR CREMATORY Catholic Cem.	23d. LOCATION (City, town, or county) (State) Biehle, Mo.
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24. FUNERAL DIRECTOR Albert Bey, Perryville, Mo.	25. DATE RECD. BY LOCAL REG. 3-8-59	26. REGISTRAR'S SIGNATURE Joe J. Zoller
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Student
Signature of Student Embalmer

Signed *Albert Bey*

Licensed Embalmer No. *3826*

P. O. Address *Pearyville, 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.