

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

183

63-048935

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 7 1964

1. PLACE OF DEATH

a. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Perryville

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Rowald Rest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Perry

c. CITY

OR

TOWN Perryville

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS (If outside, give location)

R.2.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Paul

Middle

Unterreiner

Last

4. DATE

OF

DEATH

Month

Dec.

Day

26

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Dec. 31, 1876

9. AGE (last birthday)

86

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 H

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming

10b. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (City and state or country)

Perry County, Mo., U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Paul Unterreiner

13b. MOTHER'S MAIDEN NAME

Cecilia Weber

14. NAME OF HUSBAND OR WIFE

Herman Leible, Perryville, Mo.

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

Address

Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Chemia
Chr. Cordis - Vascular Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

6 Days

8 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 day

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

20f. Month, Day, Year

20g. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20i. CITY, TOWN, OR LOCATION

20j. COUNTY

20k. STATE

21. I attended the deceased from

Nov 13, 1963 to Dec 26, 1963

and last saw her alive on Dec 24, 1963

21a. Death occurred at

9:00 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-30-63

23c. NAME OF CEMETERY OR CREMATORY

Catholic Cemetery

23d. LOCATION (City, town, or county)

Schnurbusch, Mo.

23e. (State)

24. GENERAL DIRECTOR

Albert H. Perry, Perryville, Mo.

25. DATE RECD. BY LOCAL REG.

12-28-63

26. REGISTRAR'S SIGNATURE

Joel J. Zellner

26. REGISTRAR'S SIGNATURE

Joel J. Zellner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300

Rev. 4/59

10795

10790

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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.

P.O. Address

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.