

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34324**BIRTH NO. **42741-50** REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5920** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Union Township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Union Township</b> <b>8790</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Biehle, Mo., R.1.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Biehle, Mo. R.1.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Doris</b>		b. (Middle) <b>Ann</b>	
		c. (Last) <b>Unterreiner</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>October 28, 1950</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 14, 1950</b>
9. AGE (In years last birthday) <b>6</b>		IF UNDER 1 YEAR Months <b>14</b> Days <b>14</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Perry County, Mo.</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Walter Unterreiner</b>		13b. MOTHER'S MAIDEN NAME <b>Leanita Lappe</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter Unterreiner, Biehle, Mo. R. 1.</b>
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: <b>Lobar pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 h</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>2490X</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 <b>10/26</b> , 19 <b>50</b> , to <b>10/27</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>10/26</b> , 19 <b>50</b> , and that death occurred at <b>7 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Old Underreiner</b> (Degree or title)		23b. ADDRESS <b>Perryville, Mo</b>	23c. DATE SIGNED <b>10/27/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>October 29, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph's Catholic</b>	24d. LOCATION (City, town, or county) (State) <b>Schnurbusch, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Oct 28-1950</b>	REGISTRAR'S SIGNATURE <b>Joel J. Swellman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert Bey, Perryville, Mo</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 9 1950

DISTRICT HEALTH OFFICE No.

File No. ....

*[Handwritten signature]*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Albert Bey*

Licensed Embalmer No. 3866

P. O. Address Perryville, 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 this body is not embalmed, fact should be so stated above.