

FILED MAY 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16997**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **448**

1. PLACE OF DEATH a. COUNTY <b>RIPLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DONIPHAN</b>		c. CITY OR TOWN <b>DONIPHAN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8 1/2 HRS</b>		f. STREET ADDRESS (If rural, give location) <b>601 WALNUT ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>COMMUNITY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>PHILIP</b> b. (Middle) <b>UNTERBERGER</b> c. (Last) <b>UNTERBERGER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 12 - 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 22 - 1868</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>20</b>	IF UNDER 12 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CLOTHING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS - MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>MORRIS UNTERBERGER</b>	13b. MOTHER'S MAIDEN NAME <b>JOHANA BERMAN</b>	14. NAME OF HUSBAND OR WIFE <b>IDA UNTERBERGER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JEAN UNTERBERGER - ST. LOUIS - Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>  <b>15 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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)	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 **Aug 1952**, to **May 12, 1954**, that I last saw the deceased alive on **5/12, 1954**, and that death occurred at **8:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul Johnson M.D.</b>	23b. ADDRESS <b>Doniphan, Mo</b>	23c. DATE SIGNED <b>5/13/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 14 - 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS - MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>5-13-54</b>	REGISTRAR'S SIGNATURE <b>OR [Signature]</b> 2770	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>EDWARDS FUNERAL HOME - DONIPHAN, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 22 1954

MAY 21 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gene Harvett*  
Licensed Embalmer No... 480  
P. O. Address *Doniph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.