

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21174

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5944 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Dawson Twp. No. 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) B.	c. (Last) Underwood	4. DATE OF DEATH (Month) (Day) (Year) June 18, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH June 19, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months - Days -	IF UNDER 2 HRS. Hours - Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor	10b. KIND OF BUSINESS OR INDUSTRY General Practice	11. BIRTHPLACE (State or foreign country) Safe, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Underwood	13b. MOTHER'S MAIDEN NAME Mattha Blulen	14. NAME OF HUSBAND OR WIFE Nora Underwood (Deceased)
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Blevie Lorts, St. James, Mo.	ADDRESS
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  331X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebro-vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic disease DUE TO (c) and senility		
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 _____	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Oct 1, 1899, to June 15, 1950, that I last saw the deceased alive on June 15, 1950, and that death occurred at 2 a.m. from the causes and on the date stated above.

23a. SIGNATURE James D. Pitts (Degree or title) M.D.	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED June 16, 1950
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24a. BURIAL, CREMATION (Type or Print) Burial	24b. DATE 6-20-1950	24c. NAME OF CEMETERY OR CREMATORY Underwood Cemetery	24d. LOCATION (City, town, or county) (State) Safe, Missouri.
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DATE REC'D BY LOCAL REG. June 26, 50	REGISTRAR'S SIGNATURE Cara E. Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE O.E. Licklider, St. James, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 6-26-50

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, or by \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Oscar E. Schliker*

Licensed Embalmer No. *3546*

P. O. Address *9 St James*

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.