

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27362

State File No.

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Holden		c. CITY (If outside corporate limits, write RURAL and give township) Holden, Rural Route 0510	
c. LENGTH OF STAY (In this place) 15yrs		d. STREET ADDRESS (If rural, give location) Jackson Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION South Lexington St.,			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) David c. (Last) Underwood			4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct 8, 1866		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 10 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common labor		11. BIRTHPLACE (State or foreign country) Howard County, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Underwood		13b. MOTHER'S MAIDEN NAME June Harrison		14. NAME OF HUSBAND OR WIFE LAURA DEER UNDERWOOD deceased	
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. XXXX		17. INFORMANT'S SIGNATURE OR NAME Robert Lee Underwood, Holden, Mo.	

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* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen Arterio-sclerosis DUE TO (c) Chr. Prostatism					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				42 2/11	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 1, 1949 to Aug 12, 1950, that I last saw the deceased alive on Aug 11, 1950, and that death occurred at 8:30 PM, from the causes and on the date stated above.

23a. SIGNATURE Kelly Pauline M.D.		(Degree or title)		23b. ADDRESS Holden Mo		23c. DATE SIGNED 8/12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug 14 1950		24c. NAME OF CEMETERY OR CREMATORY Elm Springs Cemetery		24d. LOCATION (City, town, or county) (State) Elm Springs, Missouri.	

DATE REC'D BY LOCAL REG. Aug 20, 1950		REGISTRAR'S SIGNATURE Mrs G V Redford		25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Ropp, Holden, Missouri.		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
AUG 29 1950
JOHNSON COUNTY HEALTH DEPT

SEP 14

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M J Guadagnoli

Licensed Embalmer No. 3434

P. O. Address Holden 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.