

S. No. 300  
V. 10.48

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11674

State File No. ....

459

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 12 PRIMARY REG. DIST. NO. 1000 Registrar's No. 459

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>9 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Osteopathic Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2 1/2 North of Coffey, Missouri</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maggie</b> <del>XXXXXXXXXX</del> b. (Middle) <b>Almeda</b> c. (Last) <b>UNDERWOOD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 25, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/13/1880</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jacob Ballard</b>		13b. MOTHER'S MAIDEN NAME <b>Perlina Reynolds</b>	14. NAME OF HUSBAND OR WIFE <b>Wm S. Underwood</b>
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 <b>Wm S. Underwood, Coffey, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis (32 yrs)</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>331X</b>	
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) (Min.)		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 <u>4-16-51</u> , to <u>4-25-51</u> , 1951, that I last saw the deceased alive on <u>4-24-51</u> , and that death occurred at <u>4:25 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. L. Ferguson</b>		23b. ADDRESS <b>80 1/2 Francis St.</b>	
23c. DATE SIGNED <b>4-25-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/28/51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Coffey Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Callaway, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>April 30, 1951</b>		REGISTRAR'S SIGNATURE <b>Carl C. Carter</b>	
5. FUNERAL DIRECTOR'S SIGNATURE <b>Carroll Clark</b>		ADDRESS <b>120 Illinois</b>	

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Edward Clark*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St Joseph, 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.