

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15030

State File No.

FILED MAY 11 1953

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 42

672
1

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

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u> <u>0672</u>		d. STREET ADDRESS (If rural, give location) <u>307 W. Cypress St.</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>307 W. Cypress St.</u>			d. STREET ADDRESS (If rural, give location) <u>307 W. Cypress St.</u> <u>0</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mal</u> b. (Middle) <u>Underwood</u> c. (Last) <u>Underwood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29, 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 28, 1892</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 1 HR. Hours <u>1</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>Belmont, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Howard Underwood</u>		13b. MOTHER'S MAIDEN NAME <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE -----		
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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) <u>No</u>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Underwood, 510 S. Locust, Charleston, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Artemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</u> DUE TO (b) <u>Complications following Prostatectomy</u> DUE TO (c) <u>612 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u>
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				

19a. DATE OF OPERATION <u>S.K.</u>	19b. MAJOR FINDINGS OF OPERATION <u>S.K. operated in St Louis Mo</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>1</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Charleston, Missouri</u>			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 21, 1953</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>612 X</u>			
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22. I hereby certify that I attended the deceased from Dec 8, 1950, to Mar 29, 1953, that I last saw the deceased alive on March 21, 1953, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Charles Solving, MD</u>		(Degree or title)	23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>4/1/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		
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DATE REC'D BY LOCAL REG. <u>4-30-53</u>	REGISTRAR'S SIGNATURE <u>Jean Blanchet</u>		480	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. L. Sparks</u> <u>Charleston, Mo.</u>	
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RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAY 8 - 1953

MAY 7 REC'D

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.....
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Sable

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.