

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1956

State File No. 32879

BIRTH NO. _____		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 6148		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give town) Bloomfield		c. LENGTH OF STAY (If in place) Accident		c. CITY OR TOWN ADVANCE		d. Is Residence within limits of a city or township? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Caster Twp				e. STREET ADDRESS (If rural, give location) R #1 108 th			
3. NAME OF DECEASED (Type or Print) a. (First) Silas b. (Middle) Edward c. (Last) Underwood			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 18, 1915		9. AGE (In years last birthday) 40	10. UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 18 Hrs. _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Highway MAINTANICE		10b. KIND OF BUSINESS OR INDUSTRY State Highway		11. BIRTHPLACE (City and State or Foreign Country) Swinton Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Silas Clinton Underwood		13b. MOTHER'S MAIDEN NAME CARRIE Bridges		14. NAME OF HUSBAND OR WIFE GERTIE Bess Underwood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 391-362363		17. INFORMANT'S SIGNATURE OR NAME Gertie Bess Underwood		ADDRESS Advance, Mo R#1	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exact cause unknown, but believed to be from severe internal hemorrhage due to a severely crushed chest. Sudden					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)					
		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 8230 32					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway ditch		21c. (CITY, TOWN, OR TOWNSHIP) 103 (COUNTY) Stoddard, Mo. (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) Sept. 5, 1956		21e. INJURY OCCURRED (Hour) (Min) 1:00 P.M.		21f. HOW DID INJURY OCCUR? Road grader which he was operating ran off in ditch.			
21e. WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Rainey Coroner				23b. ADDRESS Dexter, Missouri		23c. DATE SIGNED 9-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/7/56		24c. NAME OF CEMETERY OR CREMATORY Bloomfield Cemetery Bloomfield, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 9-15-1956		REGISTRAR'S SIGNATURE Lewis E. Mearns		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Morgan, Advance, Mo. ADDRESS			

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

510

SEP 19 1950

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.....
Signature of Student Embalmer

Signed *W. H. Morgan*.....

Licensed Embalmer No. *4640*

P. O. Address *Alvance, N.C.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.