FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

4076 STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 23

**1. PLACE OF DEATH**
a. COUNTY: CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LIBERTY RW 3 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT hospital, give location) HOSPITAL OR INSTITUTION: C.O.S. HOSP. MO — Length of stay in 1b: 11 DAYS

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: HENRY
c. CITY OR TOWN: CLINTON 0422 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD 2 — Reside on Farm Yes ☐ No ☐

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**3. NAME OF DECEASED** (Type or print): First EMMA Middle — Last UNDERWOOD

**4. DATE OF DEATH**: Month JAN. Day 29 Year 1957

**5. SEX**: FEMALE

**6. COLOR OR RACE**: WHITE

**7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

**8. DATE OF BIRTH**: MAY 3, 1871

**9. AGE** (In years last birthday): 85 — IF UNDER 1 YEAR: Months 7 Days 26 — IF UNDER 24 HRS.: Hours — Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

**10b. KIND OF BUSINESS OR INDUSTRY**: —

**11. BIRTHPLACE** (City and state or country): OKLA.

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13. FATHER'S NAME**: JOHN DOLE

**14. MOTHER'S MAIDEN NAME**: UNKNOWN

**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** Address: Mrs Dimple Sartin Pleasant Hill

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary thrombus — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.): 0

**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year:

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.):

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE:

**21.** I attended the deceased from Jan 15 to Jan 29 and last saw her alive on Jan 29
Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Wm F Goodson 0

**22b. ADDRESS**: Liberty Mo

**22c. DATE SIGNED**: 1/30/57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**23b. DATE**: Jan 29, 1957

**23c. NAME OF CEMETERY OR CREMATORY**: Parks chapel

**23d. LOCATION** (City, town, or county) (State): Clinton, Mo.

**24. FUNERAL DIRECTOR** ADDRESS: W. E. Tennant, Clinton Mo

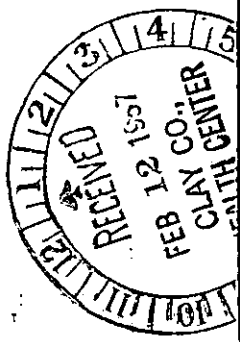
**25. DATE RECD. BY LOCAL REG.**: 2-9-57

**26. REGISTRAR'S SIGNATURE**: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be listed as diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.




## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. L. Vanausdall

Licensed Embalmer No. 37

P. O. Address Clifton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ( 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.