

FILED OCT 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31043

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 4067 Registrar's No. 239

300
-57

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> admission <u>10/10</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Auxvasse</u> /		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Auxvasse</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0</u>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Length of stay in 1b <u>15 yrs</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Jackson</u> Last <u>Underwood</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>28</u> Year <u>1957</u>									
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 28, 1907</u>		9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Brick Plant</u>		11. BIRTHPLACE (City and state or country) <u>0</u> <u>Callaway County Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>Franklin B. Underwood</u>				13b. MOTHER'S MAIDEN NAME <u>Bertha G. Ford</u>				14. NAME OF HUSBAND OR WIFE <u>Lucylle Underwood</u>					
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. <u>486 14 4244</u>		17. INFORMANT Address <u>Mrs. T. Underwood Auxvasse Mo.</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Coronary heart disease.</u> DUE TO (c) <u>Cardiac Decompression Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u> <u>5 min to my knowledge</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)										
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>													
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 <u>June 57</u> to <u>Sept 28 57</u> and last saw her him alive on <u>Sept 28, 1957</u> Death occurred at <u>13:15 P.</u> m or the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2</u>					22b. ADDRESS <u>[Address]</u>					22c. DATE SIGNED <u>9-29-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>Oct. 1, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Auxvasse</u>			23d. LOCATION (City, town, or county) (State) <u>Auxvasse Mo.</u>					
24. FUNERAL DIRECTOR <u>Marpin</u> <u>Auxvasse Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Oct. 5-1957</u>		26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 18 1958

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 *Harry A. Stewart*

Licensed Embalmer No. *3772*
P. O. Address *Fulton*

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.