

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1959

59-004162

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 4504 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Advance Pikelup 3yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Advance Pike Twp</u>	
c. LENGTH OF STAY (In this place)		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Advance, Mo.</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADALINE</u> b. (Middle) <u>C.</u> c. (Last) <u>Underwood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 4, 1959</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 18, 1889</u>	9. AGE (In years last birthday) <u>69</u>	if UNDER 1 year Months <u>2</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne Co., Missouri</u>	
13a. FATHER'S NAME <u>Geo. W. Costephens</u>			13b. MOTHER'S MAIDEN NAME <u>Edith White</u>		14. NAME OF HUSBAND OR WIFE <u>Ferney 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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ferney Underwood Advance, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		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) <u>Carcinoma of left Breast</u>			
DUE TO (c)			
11. 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 <u>170x</u>	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)	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 10:30, to Jan 4, 1959, that I last saw the deceased alive on Jan 4, 1959, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E.C. Mestas</u>		(Degree or title)		23b. ADDRESS <u>no. 7 Advance Mo.</u>		23c. DATE SIGNED <u>Jan 5, 1959</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 8, 1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cross Roads Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1/8/59</u>		REGISTRAR'S SIGNATURE <u>Dorcas Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm H. Mayan, Advance, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A FURNACE 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed W<sup>m</sup> H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.