

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012435

STATE FILE NUMBER

368

FILED APR 20 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No.

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1-57

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in Park Ave. or St. Home of stay in lb HOSPITAL OR INSTITUTION 2705 Lafayette St. Lifetime		d. STREET ADDRESS (If outside, give location) 1806 Lafayette St.	

3. NAME OF DECEASED (Type or print) First Nora Middle Underwood Last Underwood			4. DATE OF DEATH Month April Day 8 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 19, 1880	9. AGE (In years birthdate) 78	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Pullen	13b. MOTHER'S MAIDEN NAME Margaret Green	14. NAME OF HUSBAND OR WIFE John Sherman Underwood
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT John H. Underwood	Address St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with congestive failure.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Papillary cystadenocarcinoma of the left ovary with metastasis.	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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20c. TIME OF INJURY Hour 1750 Month, Day, Year	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 St. Joseph	COUNTY Buchanan	STATE Missouri
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21. I attended the deceased from Dec. 5, 1958 to April 4, 1959 and last saw her alive on April 4, 1959 Death occurred at 6:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Martin H. Christ (Degree or title)	22b. ADDRESS M.D. 6106 King Hill Ave.	22c. DATE SIGNED 4-10-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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24. FUNERAL DIRECTOR Wm. E. Schuman, Inc. ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 14, 1959	26. REGISTRAR'S SIGNATURE Wm. Clark Standell
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All diseases in Part I must be causally related.
 Dr. Martin H. Christ
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1937 08 14

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 *Albert E. Harrington*

Licensed Embalmer No. *3258*

P. O. Address... St. Joseph, Mo..

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.