

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000742

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 88 Primary Registration District No. 4151 Registrar's No. 1

STATE FILE NUMBER

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AMENDED

FILED VS JAN 26 1961

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TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Stealville</u>		c. CITY OR TOWN <u>Stealville</u>	
Length of stay in 1b <u>9 years</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 Keyesville Road</u>		d. STREET ADDRESS (If outside, give location) <u>102 Keyesville Rd</u>	
3. NAME OF DECEASED (Type or print) First <u>EYRANIA</u> Middle <u>Elizabeth</u> Last <u>Underwood</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>17</u> Year <u>1961</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-20-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>	11. BIRTHPLACE (City and state or country) <u>Crawford Co., Mo.</u>
13a. FATHER'S NAME <u>Wm. Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Robert Underwood (dec'd)</u>
15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Wm. Robert Underwood</u>	
16. SOCIAL SECURITY NO.		Address <u>102 Keyesville Rd Stealville, 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>Myocardial failure</u> DUE TO (b) <u>Acute bronchitis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>1 wk</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchial asthma for several years</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Jan 17, 1961</u> and last saw her alive on <u>1/17/61</u> Death occurred at <u>10:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. J. H. [Signature]</u>		22b. ADDRESS <u>Stealville, Mo.</u>	
22c. DATE SIGNED <u>1/20/61</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 20, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crossroad Cemetery nearsburg, Mo.</u>	
23d. LOCATION (City, town, or county) (State) <u>nearsburg, Mo.</u>			
24. FUNERAL DIRECTOR <u>Paul A. Shanklin, Cuba, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1/21/61</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

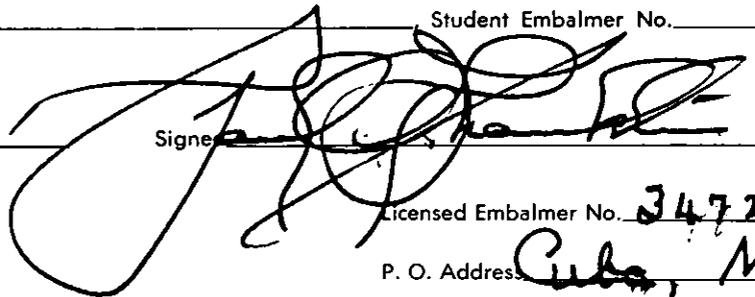
STATEMENT BY LICENSED EMBALMER

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

Signature



Licensed Embalmer No. 3472

P. O. Address Cuba, Mex

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.