

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014465
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 214

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 14 1962

VS 300
Rev. 4/59

1 0168

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 45 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 108 Vine		d. STREET ADDRESS (If outside, give location) 108 Vine	
3. NAME OF DECEASED (Type or print) First SAMUEL Middle UNDERWOOD Last UNDERWOOD		4. DATE OF DEATH Month May Day 5 Year 1962	
5. SEX Male	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/29/1897
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 6 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller		10b. KIND OF BUSINESS OR INDUSTRY Cement Plant	11. BIRTHPLACE (City and state or country) Birmingham, Ala.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Silas Underwood	
14. MOTHER'S MAIDEN NAME Unknown		15. NAME OF HUSBAND OR WIFE Clara Underwood	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. 199-2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic Carcinoma DUE TO (b) unknown DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 1-23-62 to 5-5-62 and last saw <u>her</u> <u>him</u> alive on 5-5-62 . Death occurred at 3:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles J. Spinks (Degree or title)		22b. ADDRESS Cape Girardeau, Mo. 1902 Broadway	
22c. DATE SIGNED 5-11-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 12, 1962	23c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	
23d. LOCATION (City, town, or county) Cape Girardeau, Mo.			
24. FUNERAL DIRECTOR L.R. Spinks ADDRESS Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. 5-12-62	
26. REGISTRAR'S SIGNATURE James Kaster			

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 Jamesa Carter Sr

Licensed Embalmer No. 4681

P. O. Address C'ville, 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.