

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035569

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 87 Primary Registration District No. 4565 Registrar's No. 86

FILED OCT 2 1963

VS 300
Rev. 4/59

1 0281
2 1100
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4 0
5 2
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7 1
8 0
9 4/201
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12 1-0
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sullivan</u>		Length of stay in 1b	c. CITY OR TOWN <u>Sullivan</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sullivan Community Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural Route 4</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Louis (No Middle Name) Underhill</u>		4. DATE OF DEATH Month Day Year <u>September 29, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</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>9-9-82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Owner - Farmer Self Emp.</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>81</u>
11. BIRTHPLACE (City and state or country) <u>Kalamazoo, Michigan</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John B. Underhill</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Conyer</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Halley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		17. INFORMANT <u>Step-daughter Dorothy Vizgard, Richmond Heights, 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>Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>
DUE TO (b) <u>Congestive Heart Failure</u>			<u>? - 1 hour</u>
DUE TO (c) <u>Arteriosclerotic Cardiovascular Disease</u>			<u>Years</u>
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 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 <u>Never to D. O. A. Hospital</u>	
21. I attended the deceased from <u>Never</u> to <u>Never</u> and last saw her alive on <u>D. O. A. Hospital</u> Death occurred at <u>10:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R.N. Gien MD</u>		22b. ADDRESS <u>Sullivan, Missouri</u>	22c. DATE SIGNED <u>9-30-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 2, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>H. M. Eaton Sullivan, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>10-1-63</u>	26. REGISTRAR'S SIGNATURE <u>Sarah H. Steusser</u>

UNRECORDED

OCT 3 1963

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 Harrison W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, 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.