

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006848
STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 297 Primary Registration District No. 6021 Registrar's No. 16

| | | | | | |
|--|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Ray | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grape Grove Twn. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Braymer, Mo. RFD 0890 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home | | Length of stay in lb 82 yrs | d. STREET ADDRESS (If outside, give location) Grape Grove Twn. | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN MADISON UNDERWOOD | | | 4. DATE OF DEATH Month Day Year Feb. 24, 1958 | | |
| 5. SEX male <input checked="" type="checkbox"/> | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 21, 1875 | | 9. AGE (In years last birthday) 82 yrs |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming | | 11. BIRTHPLACE (City and state or country) MISSOURI | |
| 13. FATHER'S NAME William Underwood | | | 14. MOTHER'S MAIDEN NAME Mary unknown | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no | | 16. SOCIAL SECURITY NO. 493-42-3931 | | 17. INFORMANT Address Mrs J. M. Underwood Braymer, Mo RFD | |
| 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>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>many years</u> <u>many years</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>332 X</u> | | | | | 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.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 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 <u>July, 1950</u> to <u>Feb. 24, 1958</u> and last saw <u>her</u> alive on <u>Feb. 23, 1958</u> Death occurred at <u>9:00 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>D. E. Goldberg MD</u> | | | 22b. ADDRESS Braymer, Mo | | 22c. DATE SIGNED 2-25-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Feb. 26, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Evergreen Cem. | | 23d. LOCATION (City, town, or county) (State) Braymer, Missouri |
| 24. FUNERAL DIRECTOR MEAD-PITTS FUNERAL SERVICE, Braymer, Mo <u>4 B-4</u> | | | 25. DATE RECD. BY LOCAL REG. <u>2-28-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

28

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 *Demard L. Need*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.