

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019350
STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 297 Primary Registration District No. 4446 Registrar's No. 53

300
1-57

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARDIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HARDIN 0290
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		Length of stay in 1b 50 yo.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BERTHA Middle MAE Last UNDERWOOD			4. DATE OF DEATH Month MAY Day 22 Year 1958		
5. SEX Female	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 FEB. 5, 1890		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCERY CLERK		10b. KIND OF BUSINESS OR INDUSTRY GROCERY (RETAIL)	11. BIRTHPLACE (City and state or country) BOSWORTH, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME FRANK PENNINGTON		13b. MOTHER'S MAIDEN NAME MARY JANE ODELL		14. NAME OF HUSBAND OR WIFE MELVIN A. UNDERWOOD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-36-5015	17. INFORMANT M. A. UNDERWOOD		Address HARDIN, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Pancreas with metastasis to liver			INTERVAL BETWEEN ONSET AND DEATH 157X	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				
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 4-30-58 to 5-22-58 and last saw her alive on 5-19-58 Death occurred at 12:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Thomas B. Cook, M. R. D.	22b. ADDRESS Richmond, Missouri	22c. DATE SIGNED 5/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-24-58	23c. NAME OF CEMETERY OR CREMATORY HARDIN CEM.	23d. LOCATION (City, town, or county) (State) HARDIN Mo.
24. FUNERAL DIRECTOR ADDRESS KNIPSCHKE-BORSHEDINA - HARDIN, Mo.		25. DATE RECD. BY LOCAL REG. 5-26-1958	26. REGISTRAR'S SIGNATURE Malcolm Jackson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

JUN 1 1958

JUL 3 1958

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 *Regina Bouchard*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, 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.