	DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-024266	
DEPARTMENT OF PU	Registration District No. 26 1967  Primary Registration District No. 4446 Registrar's No. 65  STATE FILE NUMBER	
ON THIS STUB	1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, b) institution: Residence	before
VS 300 🔛	a. COUNTY RAY admiss	
VS 300 Rev. 4/59	OR // CA : /	Limits No □
10890	c. FULL NAME OF (If NOT in hospital, give location) Inside timits   d. STREET (If outside, give location)   Reside of	
20890 25 20890 25	HOSPITAL OR INSTITUTION # Yes No   ADDRESS Yes	No <b>Æ</b>
3		Year
4 0		6 <b>2</b> DER 24 HR
5 Z	Male White Widowed Divorced   Feb. 1883 79 Months Days Hours	Min.
6 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	OUNTRY
	136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
<u> </u>	MARTIN L. UNDERWOOD ADDIE F. CREWS BERTHAUNDERWOODLA	lech
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes, give war or dates of service)  (Yes, no, or unknown) (If yes, give war or dates of service)	i mi
9443X #	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  ONSET AND	ETWEEN
10 OF A CUMENT	immediate cause (a) Congestive Heart Failure	, DEATH
TI SECO DOCUMENTO	0	
1290 - 2 READ NO. 128 READ NO. 129 P.	which gave rise to above cause (a),	·-
132-0 E	stating the underlying cause last. DUE TO (c) Hyper tonsive Heart Disease	
<u> </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 fer there a pregnancy in last	male wa st 90 days
	5 Pulmomary Emphysema-Atelectosis/f. lung 1 10 10 10	Unknow
WQ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)    A	.8.)
ON AMENDMENT	S 20c. TIME OF Hour Month, Day, Year	
	B p.m.	STATE
BLACK INK OR RITER RIBBC	20d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	JIAIL
BLAC OR SITER	21. I attended the deceased from 1961, to 1962 and last saw him elive on 6-15-6	2
<b>K R B</b>	Death occurred at	ed.
USE BLACK OR TYPEWRITER SHOULD READ		TE SIGNE
M NO. SE	23g. BUPTAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State	1-62 •)
FID NO.	Buch 6-17-62 HARDIN CEM. HARDIN, MO.	
ITEM BY AF		
-	BORCHSROING FON. HOME- HARDIN, Ma 6-24-1962 Makel yackers	

3961 81 7nr

ESBI S & AVW

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	' B R
StudentSignature of Student Embalmer	_ Signed Ougnat Dorcherding
Signatura of Stocett Embatties	Licensed Embalmer No. 4618
	P. O. Address Hardin, Ms.

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.