

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5514

62

BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 3042 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - St. Michael	
c. LENGTH OF STAY (In this place) 50 yds		d. STREET ADDRESS (If rural, give location) Route 3, Fredericktown, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: EAST College			

3. NAME OF DECEASED (Type or Print) a. (First) LORA b. (Middle) REBECCA c. (Last) Underwood			4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 23, 1877		9. AGE (In years last birthday) 71 years		10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.		10b. KIND OF BUSINESS OR INDUSTRY NONE	

13a. FATHER'S NAME Benjamin F. Trousdale		13b. MOTHER'S MAIDEN NAME Louisa Kennon		14. NAME OF HUSBAND OR WIFE John T. Underwood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N/D		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Trecia Phipps, Fredericktown, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Insufficiency with 9 days DUE TO (c) ruptured compensation Hypertension 13 yrs or more II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from several days to Feb. 9, 1949, that I last saw the deceased alive on Feb 9, 1949, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. C. Slaughter, M.D.		23b. ADDRESS 175 W Main Fredericktown Mo		23c. DATE SIGNED Feb 10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-12-49		24c. NAME OF CEMETERY OR CREMATORY Underwood	
24d. LOCATION (City, town, or county) (State)		R#4 Fredericktown, Mo.			

DATE REC'D BY LOCAL REG. 2-19-1949		REGISTRAR'S SIGNATURE Horace Hicks 187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam Sejin, Jr., Fredericktown, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4

District File Number 249-277

Date Filed 2-24-49

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**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.

Signed Sam Sajin, Jr.

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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 this body is not embalmed, fact should be so stated above.