

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31221

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>214</u>			
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u>				b. COUNTY <u>Taylor</u>	
b. CITY OR TOWN <u>MARYVILLE</u>		c. LENGTH OF STAY (In this place) <u>3 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>13 Bedford</u>		49			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS</u>				d. STREET ADDRESS (If rural, give location) <u>13 Bedford</u>				13 Bedford	
3. NAME OF DECEASED (Type or Print) <u>Clarence</u>		a. (First)		b. (Middle) <u>Mark</u>		c. (Last) <u>Underwood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 7 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12-17-1869</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Taylor County Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Richard James Underwood</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Helen Mark</u>			14. NAME OF HUSBAND OR WIFE <u>Hannah Caroline (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Chas Knott</u>					ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>9-6</u> , 19 <u>49</u> , to <u>9-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-7</u> , 19 <u>49</u> , and that death occurred at <u>5 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Design or title) <u>M.D.</u>				23b. ADDRESS <u>Maryville</u>		23c. DATE SIGNED <u>Sept 10 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bedford In</u>		24d. LOCATION (City, town, or county) (State) <u>Bedford In</u>			
DATE REC'D BY LOCAL REG. <u>9-17-49</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Loren Dawson</u>		ADDRESS <u>Clarinda Ia</u>			



*Body was removed to Iowa where embalming was done*

**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 *Loren Davison*.....

Signed.....  
Student Embalmer

*Iowa* Licensed Embalmer No. *3148*.....

P. O. Address *Clarinda Ia*.....

**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.