No. 300
10.48

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

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19252

State File No.

BIRTH NO. REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5024 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Polk Twsp)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Polk Twsp) 0030
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Jackson
c. (Last): Underwood

4. DATE OF DEATH (Month) (Day) (Year): 6 10 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10/28/1864
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 7, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Richmond West Virginia
12. CITIZEN OF WHAT COUNTRY?: Am

13a. FATHER'S NAME: Jesse Underwood
13b. MOTHER'S MAIDEN NAME: Eliza Belcher
14. NAME OF HUSBAND OR WIFE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Peter Underwood
ADDRESS: Rock Port, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 33X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 27, 1950, *to* June 10, 1950, *that I last saw the deceased alive on* June 9, 1950, *and that death occurred at* 7 a. m. *from the causes and on the date stated above.*

23a. SIGNATURE J. A. Gray (Degree or title) M.D.
23b. ADDRESS Watson Mo.
23c. DATE SIGNED June 11, 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/13/1950
24c. NAME OF CEMETERY OR CREMATORY: Smith Cem.
24d. LOCATION (City, town, or county) (State): Rock Port, Mo.

DATE REC'D BY LOCAL REG.: 6-13-50
REGISTRAR'S SIGNATURE: Betty Crabtree
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: BARTHOLOMEW MORTUARY, ROCKPORT, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
19
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 .....
Student Embalmer

Signed Fred Bartholomew

Licensed Embalmer No. 3173

P. O. Address Rock Port, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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