

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3493

State File No. _____
Registrar's No. 17

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>	c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u> <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. # 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>	b. (Middle) _____	c. (Last) <u>Underwood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1951</u>
--	-------------------	----------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-30-1893</u>	9. AGE (In years last birthday) <u>57</u>	if UNDER 1 YEAR Months <u>—</u> Days <u>7</u>	if UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
----------------------	-------------------------------	---	------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	--

13a. FATHER'S NAME <u>Ollie Douglas</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Basett</u>	14. NAME OF HUSBAND OR WIFE <u>A.L. Underwood</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>A.L. Underwood, New Madrid, Mo.</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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>42 21</u> <u>5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Ventricular Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cardiac Valvular Disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis deformans</u>			

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 Jan. 6, 1951, to Jan. 6, 1951, that I last saw the deceased alive on Jan. 6, 1951, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas O. McClure, Jr.</u>	23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>1-7-51</u>
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>Jan. 6, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Antioch</u>	24d. LOCATION (City, town, or county) (State) <u>near Union City, Obion Co.</u>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1-20-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White-Ranson, Union City, Tenn.</u>	ADDRESS _____
---	---	---	---------------

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

RECEIVED JAN 22 1951

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 151-2

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

R. O. Gilliam

Licensed Embalmer No. 2391

P. O. Address Union City, Tennessee

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.