

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9183

FILED MAR 28 1951

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 32

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1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>UNDERBRINK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 21 1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN. 19, 1868</u>		9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Days <u>2</u> Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPT OF COUNTY HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COUNTY HOME</u>		11. BIRTHPLACE (State or foreign country) <u>CHANDLERVILLE, ILL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JOHN NEWTON UNDERBRINK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANNA BRACE</u>		14. NAME OF HUSBAND OR WIFE <u>KITTY MURPHEY UNDERBRINK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. S. KITTY UNDERBRINK LEWISTOWN, MO.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Gangrene</u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</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.) <u>L</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>L</u>	
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 Dec. 1, 1950, to Mar. 21, 1951, that I last saw the deceased alive on March 21, 1951, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Charles L. Arnold</u>		23b. ADDRESS <u>LaBelle, Missouri</u>		23c. DATE SIGNED <u>3/22/1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CANTON</u>	
24d. LOCATION (City, town, or county) (State) <u>CANTON, MISSOURI</u>					

DATE REC'D BY LOCAL REG. <u>3/23/51</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles L. Arnold, LEWISTOWN, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **MAR 26 1951**
DISTRICT HEALTH OFFICE #2
District File Number 3-57-61
Date Filed: **MAR 27 1951**

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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.