

0600

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

| | | | | | | | |
|--|---|--|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>195</u> | | PRIMARY REG. DIST. NO. <u>4305</u> | | Registrar's No. <u>15</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | | | 2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>McDonald</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u> | | c. LENGTH OF STAY (in this place) <u>3 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u> | | 0600 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W</u> c. (Last) <u>Underwood</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 1951</u> | | | | |
| 5. SEX <u>MO</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 1-1861</u> | | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Alfred Underwood</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Ritter</u> | | 14. NAME OF HUSBAND OR WIFE <u>Sarah Underwood</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY (If yes, give war or date of service) <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>S.A. Anderson</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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | | | | | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION; Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>331x</u> | | | | 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 <u>3/7/51</u> , 19 <u>51</u> , to <u>3/8/51</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Alfred Underwood, 2</u> | | | | 23b. ADDRESS <u>Anderson Mission</u> | | 23c. DATE SIGNED <u>3/9/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 24b. DATE <u>3-11-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pineville Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pineville Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-11-51</u> | | REGISTRAR'S SIGNATURE <u>Mayme Humphreys</u> <u>429</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.P. Pyle</u> ADDRESS <u>Siloam Spg Ark</u> | | | |

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED: APR 4 1951

Dist. File 457-728

Date Filed 4-3-51

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

J. R. Pyatt

Licensed Embalmer No. 3211

P. O. Address Liban Spa Ark

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.