

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12945

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 30

480

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural Prairie | | c. CITY (If outside corporate limits, write RURAL and give township) Blue Springs - Rural | |
| c. LENGTH OF STAY (In this place) 3 days | | d. STREET ADDRESS (If rural, give location) 1/2 mi South | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County E. Hosp. | | | |

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| 3. NAME OF DECEASED a. (First) Cree | | c. (Last) Underwood | | 4. DATE OF DEATH (Month) (Day) (Year) March 20, 1951 | |
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|-------------|----------------------|--|--------------------------------|------------------------------------|--|--------------|-------------|---------------------------|--------------------------|
| 5. SEX Male | 6. COLOR OR RACE wh. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug 27 - 1876 | 9. AGE (In years last birthday) 74 | | 10. MONTHS 6 | 11. DAYS 21 | 12. IF UNDER 1 YEAR Hours | 13. IF UNDER 1 MIN. Min. |
|-------------|----------------------|--|--------------------------------|------------------------------------|--|--------------|-------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (State or foreign country) Blue Springs Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
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|------------------------------------|--|---------------------------------------|--|--|--|
| 13a. FATHER'S NAME O. D. Underwood | | 13b. MOTHER'S MAIDEN NAME Martha Gore | | 14. NAME OF HUSBAND OR WIFE Florence Underwood | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Underwood - Blue Springs Mo. | |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pt. sigmoid hernia incarcerated. | | INTERVAL BETWEEN ONSET AND DEATH 2 wks. |
| | 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. | | |

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| 19a. DATE OF OPERATION 3-17-51 | 19b. MAJOR FINDINGS OF OPERATION Incarcerated ileum | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) Independence Missouri 5610 |
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|--|--|---------------------------|
| 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 3-17, 1951, to 3-20, 1951, that I last saw the deceased alive on 3-19-51, 19____, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE F. C. Blumenschein MD | 23b. ADDRESS Independence, Missouri | 23c. DATE SIGNED 3-20-51 |
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|--|----------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Buried | 24b. DATE Mar. 22-51 | 24c. NAME OF CEMETERY OR CREMATORY Blue Springs | 24d. LOCATION (City, town, or county) (State) Blue Springs Mo |
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| DATE REC'D BY LOCAL REG. 3-22-51 | REGISTRAR'S SIGNATURE Donald C. Emswiler | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Blue Springs Mo |
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APR 1 9 RECD

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed *R. B. Campbell*

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs Mo

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.