

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17637

BIRTH NO.		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 4435		Registrar's No. 15	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY		Ralls,		a. STATE		Missouri.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		Perry, Mo.		b. COUNTY		Ralls,	
c. LENGTH OF STAY (If in place)		20		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		Perry, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Chauncey		S.		Underwood.		4. DATE OF DEATH (Month) (Day) (Year)	
May, 9, 1951		5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Married		8. DATE OF BIRTH	
June, 21, 1890		9. AGE (In years last birthday)		60		10. MONTHS	
10		11. DAYS		19		12. HOURS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Veteran		10b. KIND OF BUSINESS OR INDUSTRY		Veterinary	
11. BIRTHPLACE (State or foreign country)		Monroe Co., Mo.		12. CITIZEN OF WHAT COUNTRY?		U.S.A.	
13a. FATHER'S NAME		Ed Underwood		13b. MOTHER'S MAIDEN NAME		Mary Underwood	
14. NAME OF HUSBAND OR WIFE		Nell Underwood		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
None		None		17. INFORMANT'S SIGNATURE OR NAME		Mrs Nell Underwood Perry, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cancer of Prostate					
II. ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b)							
DUE TO (c)							
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) (Minute)		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 Jan. 11, 1951, to May 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 6:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)		Ernest T. Swann D.O.		23b. ADDRESS		Perry, Missouri.	
23c. DATE SIGNED		5-12-50		24a. BURIAL, CREMATION, REMOVAL (Specify)		Burial	
24b. DATE		5-12-1950		24c. NAME OF CEMETERY OR CREMATORY		Lickcreek	
24d. LOCATION (City, town, or county) (State)		Perry, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE		Clyde W. Wicks	
DATE REC'D BY LOCAL REG.		5-12-51		25. ADDRESS		Perry, Missouri.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAY 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 5251-928
Date Filed: MAY 18 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

Clyde C. Wilkey

Licensed Embalmer No. 3528

P. O. Address *Perry, 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.