

STANDARD CERTIFICATE OF DEATH

7023

State File No.

FEB 27 1952

BIRTH NO.

REG. DIST. NO. 347PRIMARY REG. DIST. NO. 4507Registrar's No. 5

1. PLACE OF DEATH

a. COUNTY Stoneb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crane

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missourib. COUNTY Stonec. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crane 1040d. STREET ADDRESS (If rural, give location) Crane, Missouri 0

3. NAME OF DECEASED (Type or Print)

a. (First)

MYRTLE

b. (Middle)

L. UNDERWOOD

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

2-14-1952

5. SEX

Female

6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

April 22, 1880

9. AGE (In years last birthday)

71

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)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
In Home

11. BIRTHPLACE (State or foreign country)

Des Moines Iowa /

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Charles R. Iddings

13b. MOTHER'S MAIDEN NAME

Laura S. Mummaw

14. NAME OF HUSBAND OR WIFE

Widow15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mrs. Effie Bennett Crane, Mo.

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)

ANTECEDENT CAUSES

Morbidity 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.

MEDICAL CERTIFICATION

Carcinoma left maxillary antrum.

INTERVAL BETWEEN ONSET AND DEATH

7 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

160x

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) (m.)

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 Sept. 19, 51, to Feb. 14, 1952, that I last saw the deceased alive on Feb. 14, 1952, and that death occurred at 1:24 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title)

Laura S. Mummaw M.D.

23b. ADDRESS

Crane, Mo.

23c. DATE SIGNED

2-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2-17-1952

24c. NAME OF CEMETERY OR CREMATORY

Maple Park Cemetery

24d. LOCATION (City, town, or county) (State)

Springfield, Missouri

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

J. W. Klingner

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

J.W. Klingner & Co. Spfld. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1040

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. _____

Student
Student Embalmer

Signed Max Rhodes

Licensed Embalmer No. 4071

P. O. Address Springfield

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.