

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8623

FILED APR 5 1952

State File No.

1461

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|--|--|--|--|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1461</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>3 Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | <u>2/10/8</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>222 West 70th Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>ASA</u> | | a. (First) | | b. (Middle) <u>UNDERWOOD</u> | | c. (Last) | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Mar. 24, 1868</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | F UNDER 1 YEAR | | G UNDER 1 YEAR | | H UNDER 1 YEAR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>St. Louis, St. Railway</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Mexico, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>P. S. Underwood</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shrout</u> | | 14. NAME OF HUSBAND OR WIFE <u>Katherine Underwood</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>A89-14-2848</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>John L. McCullough</u> ADDRESS <u>22 West 70th St.</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> 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 <u>Generalized + Cerebral Arteriosclerosis Senile Dementia</u> Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>49 1/2</u> <u>years</u> <u>2 mo 9</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.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 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 <u>Mar 25</u> , 19 <u>52</u> , to <u>Mar 29</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>Mar 28</u> , 19 <u>52</u> , and that death occurred at <u>8:50 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Ira C. Layton MD</u> (Degree or title) | | | | 23b. ADDRESS <u>M.R. Arxyle Bldg. K.C., Mo.</u> | | 23c. DATE SIGNED <u>3-29-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3/30/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>—</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3-29-52</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>FREEMAN MORTUARY & CHAPEL, K.C., MO.</u> ADDRESS | | | |

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

Dr. Carl Ferris - Annapole Bldg. (934)
1-4:30 pm - Start

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

Clayton F. Barnes

Signed.....
Student Embalmer

Licensed Embalmer No. 4793

P. O. Address F.C., 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.