

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **27485**  
**3499**

**FILED AUG 15 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY NORTH</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY, NORTH</b>	
c. LENGTH OF STAY (in this place) <b>8</b> PYRS.		d. STREET ADDRESS (If rural, give location) <b>328 N. WALNUT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>328 N. WALNUT</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>Thompson</b>	c. (Last) <b>Underwood</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 4 1952</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 26 1895</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY <b>CORN PRODUCTS</b>	11. BIRTHPLACE (State or foreign country) <b>HARRISON Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Louis Underwood</b>	13b. MOTHER'S MAIDEN NAME <b>MARY JANE Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>ARDIS UNDERWOOD</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>514-22-6061</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ARDIS Underwood</b>	ADDRESS <b>328 N. WALNUT</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ <b>Coronary Vascular Disease</b>		18. INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>
	ANTECEDENT CAUSES Abnoid 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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)
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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? _____
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22. I hereby certify that I attended the deceased from **6-15**, 19**52**, to **death**, 19**52**, that I last saw the deceased alive on **7-1**, 19**52**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. H. Dunham</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>2075 S. W. North Kansas</b>	23c. DATE SIGNED <b>8/4/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>8-2-52</b>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <b>Earleville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-4-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's</b>	ADDRESS <b>NORTH KANSAS CITY</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2248

**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 \_\_\_\_\_

*Glenn H. Hill*

Signed.....

Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Quondale, MS

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.