

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2354

State File No.

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 6834 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MARION		c. LENGTH OF STAY (In this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MARION <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION RT. 1, DIAMOND		d. STREET ADDRESS (If rural, give location) RT 1, DIAMOND <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) UNDERHILL		
c. (Last) UNDERHILL			4. DATE OF DEATH (Month) (Day) (Year) JAN 24, 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 27, 1868	9. AGE (In years last birthday) 84	10. CITIZEN OF WHAT COUNTRY? USA
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) DALLAS COUNTY, MISSOURI	
13a. FATHER'S NAME MORTON ARIAN UNDERHILL		13b. MOTHER'S MAIDEN NAME ELIZABETH JANE MARTIN		14. NAME OF HUSBAND OR WIFE IDA ALICE UNDERHILL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME IDA ALICE UNDERHILL, RT 1, DIAMOND	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4221</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia Due to Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>77</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)		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>10-7</u> , 1952, to <u>Jan 24</u> , 1953, that I last saw the deceased alive on <u>12-13</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Doctor or title) <u>[Signature]</u>		23b. ADDRESS <u>304 Grant, Carter, Mo.</u>		23c. DATE SIGNED <u>1-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-27-53		24c. NAME OF CEMETERY OR CREMATORY MARLIN CEMETERY	
24d. LOCATION (City, town, or county) (State) MACONWAY, MO., MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.			
DATE REC'D BY LOCAL REG. Jan 31-53		REGISTRAR'S SIGNATURE Mrs. Allie Parnell		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

730
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 953-34
Date Filed 2-3-53

NEOSHO, MISSOURI

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 F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.