V.S. No. 200
REV. 10.48

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

FILED JUL 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26033

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6054 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Appleton City
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osage Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Appleton City 0938
d. STREET ADDRESS (If rural, give location): Osage Township

3. NAME OF DECEASED (Type or Print): a. (First) Joel b. (Middle) David c. (Last) Underwood

4. DATE OF DEATH (Month) July (Day) 11, (Year) 1953

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov; 19, 1860
9. AGE (In years last birthday): 92 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Clair County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: David Underwood
13b. MOTHER'S MAIDEN NAME: Linda Winchester
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Zobe Underwood, ADDRESS: Appleton City Mo;

MEDICAL CERTIFICATION

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis — 10 yrs.
DUE TO (c) Chronic Nephritis — 10 yrs.

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: none performed 592 X
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* 2/10, 1945, *to* 7/11, 1953, *that I last saw the deceased alive on* 6/10, 1953, *and that death occurred at* 7:A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. O. Burke, D.O.
23b. ADDRESS: Rockville, Mo.
23c. DATE SIGNED: 7/13/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/13/53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Zion
24d. LOCATION (City, town, or county) (State): Rockville Mo.

DATE REC'D BY LOCAL REG.: July 13, 1953
REGISTRAR'S SIGNATURE: Clio Abney 285
25. FUNERAL DIRECTOR'S SIGNATURE: F B Goodrich ADDRESS: Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.