

X
V. S. No. 300
REV. 10. 48

0730
3

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1954

State File No. 45145

BIRTH NO. _____		REG. DIST. NO. 246		PRIMARY REG. DIST. NO. 58214		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY OTTAWA			
b. CITY (If outside corporate limits, write RURAL and give township) HORNETT		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) COMMERCE,		8350 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION ON HIGHWAY				d. STREET ADDRESS 117 NORTH VINE			
3. NAME OF DECEASED (Type or Print) a. (First) JACK b. (Middle) LEE c. (Last) UNDERHILL			4. DATE OF DEATH (Month) (Day) (Year) 12/24/53				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER-MARRIED, WIDOWED, REMARRIED (Specify) MARRIED	8. DATE OF BIRTH 7/3/1925		9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RUBBER PLANT,		10b. KIND OF BUSINESS OR INDUSTRY GOODRICH RUBBER		11. BIRTHPLACE (State or foreign country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME WENTON UNDERHILL		13b. MOTHER'S MAIDEN NAME EDITH PUTNUM		14. NAME OF HUSBAND OR WIFE VIRGINIA UNDERHILL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. W.W. 2 430-30-3326		17. INFORMANT'S SIGNATURE OR NAME VIRGINIA UNDERHILL, COMMERCE, OKLA. ADDRESS			
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) Dis-embolvement		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Complete severing of abdominal wall-							
DUE TO (c) multiple fracture of both legs.							
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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Public Highway		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hornett Newton, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-24-53 12:10 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident.			
22. I hereby certify that I attended the deceased from _____, 19____, to 12-24 , 19 53 , that I last saw the deceased alive on _____, 19____, and that death occurred at 12:10 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Carly Thompson Boone (Degree or title)				23b. ADDRESS 307 E. Main St. Muskogee, Mo.		23c. DATE SIGNED 12-29-53	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/28/53	24c. NAME OF CEMETERY OR CREMATORY G.A.R. Cemetery		24d. LOCATION (City, town, or county) (State) Miami, Oklahoma		
DATE REC'D BY LOCAL REG. 1-13-54		REGISTRAR'S SIGNATURE W. S. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Miami Funeral Home, Miami, Okla ADDRESS			

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1253-248

Date Filed JAN 23 1954

NEOSHO, MISSOURI

FEB 4 1954
JAN 25 1954
FEB 1 1954

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.....
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 508 (Obes)

P. O. Address Miami, Okla.

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.