

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16693

BIRTH NO. _____ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4238 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONROE CITY		c. LENGTH OF STAY (in this place) 40 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE CITY REST HOME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WARREN TOWNSHIP	
		d. STREET ADDRESS (If rural, give location) Monroe City #2	

3. NAME OF DECEASED (Type or Print) CLAY UNDERHILL			4. DATE OF DEATH (Month) (Day) (Year) MAY 15TH 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JANUARY 23 1865	9. AGE (in years last birthday) 89	IF UNDER 1 YEAR Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET.)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ralls County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hiram C Underhill	13b. MOTHER'S MAIDEN NAME ELIZBETH Crawford	14. NAME OF HUSBAND OR WIFE LUCY VIRGINIA UNDERHILL
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ira Underhill	ADDRESS Monroe City MO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
	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 Conditions contributing to the death but not related to the disease or condition causing death. Senility		

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)
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 **5-7**, 1954, to **5-15**, 1954, that I last saw the deceased alive on **5-14**, 1954, and that death occurred at **4:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE F. N. Linneman (Degree or title) D.O.	23b. ADDRESS Monroe City	23c. DATE SIGNED 5-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 17TH 1954	24c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY Cemetery	24d. LOCATION (City, town, or county) (State) Monroe City, Missouri
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DATE REC'D BY LOCAL REG. 5-19-54	REGISTRAR'S SIGNATURE E. Lee Robertson 471-0	25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS	ADDRESS Monroe City, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0690
4

0640
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.