

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31103**

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5606 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Jackson	c. LENGTH OF STAY (in this place) 43 years	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 mi. E. Pleasant Hill		e. STREET ADDRESS (If rural, give location) 12 Mi. E. Pleasant Hill 0510	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Maxwell c. (Last) Underwood			4. DATE OF DEATH (Month) (Day) (Year) 9 - 27 - 1954			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-23-1886	9. AGE (In years last birthday) 68	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) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Underwood		13b. MOTHER'S MAIDEN NAME Nancy Elizabeth Maxwell		14. NAME OF HUSBAND OR WIFE Cora Karr	
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Cora Underwood Kingsville, Mo.	

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) Carcinoma, rectosigmoid colon with cerebral metastasis		INTERVAL BETWEEN ONSET AND DEATH 18 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E976 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Johnson County RR Kingsville, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 - 27 - 54 4:50 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-inflicted gun shot wound.	

22. I hereby certify that I attended the deceased from 4-18- 1948, to 9-27- 1954, that I last saw the deceased alive on 9-15, 1954, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. Klund M.D.		23b. ADDRESS Pleasant Hill, Mo		23c. DATE SIGNED 9-28-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-29-1954	24c. NAME OF CEMETERY OR CREMATORY Underwood Cemetery	24d. LOCATION (City, town, or county) (State) 4 Mi - S - E - Lone Jack, Mo	

DATE REC'D BY LOCAL REG. 9-29-1954	REGISTRAR'S SIGNATURE Mrs H V Redford	25. FUNERAL DIRECTOR'S SIGNATURE Allen Brown	ADDRESS ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
OCT 5 1954
REGISTERED
JOHNSON COUNTY HEALTH DEPT.

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 Byron Jr. Bell, Student Embalmer No. 509 working under my personal supervision..

Student Byron Jr. Bell
Signature of Student Embalmer

Signed Allen Brownfield
Licensed Embalmer No. 3785

P. O. Address Box 54 - P.M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.