

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31439

State File No. ....

FILED OCT 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY OR TOWN <u>PARKVILLE</u> (If outside corporate limits, write RURAL and give township) <u>PLATTE</u>	c. LENGTH OF STAY (in this place) <u>60 yrs.</u>	c. CITY OR TOWN <u>PARKVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>300 MAIN ST.</u>		e. STREET ADDRESS (If rural, give location) <u>300 MAIN ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) JOHNSON b. (Middle) UNDERWOOD c. (Last) UNDERWOOD

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 22 1954

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH DEC. 17, 1864 9. AGE (in years) (Month) (Day) 89 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) PHYSICIAN 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) OLIVE HILL, KENTUCKY 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME HARVEY UNDERWOOD 13b. MOTHER'S MAIDEN NAME ELIZABETH OFFIL 14. NAME OF HUSBAND OR WIFE MARY IDA UNDERWOOD

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 J. UNDERWOOD JR. ADDRESS 574 N. DOWMAN N.W.C. 16

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ARTERIO SCLEROSIS

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.

INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 4500 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? \_\_\_\_\_

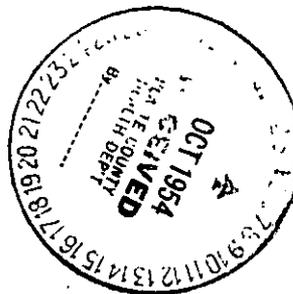
22. I hereby certify that I attended the deceased from 1946 to SEPT 22, 1954, that I last saw the deceased alive on SEPT 22, 1954, and that death occurred at 1 P m., from the causes and on the date stated above.

23. SIGNATURE [Signature] (Degree or title) MD 23b. ADDRESS PROF BLDG. KANSAS CITY, MO. 23c. DATE SIGNED 9-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 24 54 24c. NAME OF CEMETERY OR CREMATORY Walnut Grove 24d. LOCATION (City, town, or county) (State) Parkville MO

DATE REC'D BY LOCAL REG. Sept 24 54 REGISTRAR'S SIGNATURE [Signature] 25. FUNERARY DIRECTOR'S SIGNATURE [Signature] ADDRESS Parkville MO

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



**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 .....  
Signature of Student Embalmer

Signed *Leland N. Francis*

Licensed Embalmer No. *3457*

P. O. Address *Parkville*

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.