

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1629

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5657 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, write RURAL and give name of rural township) OR TOWN <b>Miller Greene</b>	c. LENGTH OF STAY (in this place) <b>native</b>	c. CITY OR TOWN <b>Miller</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>		f. STREET ADDRESS (If rural, give location) <b>R.F.D. 2</b> <span style="float: right;">0550</span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Earnest</b>	b. (Middle) <b>B.</b>	c. (Last) <b>Underhill</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 12 1955</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>July 25 1886</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence Co. Mo.</b>	12. CITIZENSHIP OF WHAT COUNTRY? <b>Mo.</b>
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13a. FATHER'S NAME <b>Ava Underhull</b>	13b. MOTHER'S MAIDEN NAME <b>Electa Colley</b>	14. NAME OF HUSBAND OR WIFE <b>single</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Kabell Miller</b> ADDRESS <b>Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infected gall bladder</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gall stones</b> DUE TO (c)		
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? <b>584x</b> 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-6 <sup>1955</sup> 1-12, 1955, that I last saw the deceased alive on 1-11, 1955, and that death occurred at 2:50 P.M. from the causes and on the date stated above.

23a. SIGNATURE <b>W. S. Bismark</b> (Degree or title)	23b. ADDRESS <b>Miller Mo</b>	23c. DATE SIGNED <b>1-27-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1-14-1955</b>	24c. NAME OF CEMETERY OR CREMATORIUM <b>Round Grove</b>	24d. LOCATION (City, town, or county) (State) <b>N.W. Miller Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-24-55</b>	REGISTRAR'S SIGNATURE <b>W. S. Bismark</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norma - Leimon</b> ADDRESS <b>Miller Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1963

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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~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *E. R. Heimon* .....

Licensed Embalmer No. 3297

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