

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5150**  
815  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>50 YEARS</b>		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 <b>ST. MARY'S HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>3600 EAST 61st STREET</b> <b>3798</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GAIL</b> b. (Middle) <b>M.</b> c. (Last) <b>UNDERWOOD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 20 1955</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 4 1890</b>
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LINOTYPE OPERATOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. STAR COMPANY</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>JOHN F. UNDERWOOD</b>	13b. MOTHER'S MAIDEN NAME <b>ALICE BRIGGS</b>	14. NAME OF HUSBAND OR WIFE <b>KATHRINE UNDERWOOD</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>487-05-5457</b>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. KATHRINE UNDERWOOD, 3600 E. 61st, K.C. Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>C.V.A. - Cerebral Thrombosis</b>		ANTECEDENT CAUSES		<b>4 days</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) <b>Essential Hypertension</b>		DUE TO (c)		<b>6 months</b>
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)	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 **Sept. 20, 1954**, to **Feb. 20, 1955**, that I last saw the deceased alive on **Feb. 19, 1955**, and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W.C. Ganley</b> (Degree or title)	23b. ADDRESS <b>306 East 12th St</b>	23c. DATE SIGNED <b>Feb. 21, 1955</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB. 22, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST HILL CEMETERY</b>
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		

DATE REC'D BY LOCAL REG. <b>2-22-55</b>	REGISTRAR'S SIGNATURE <b>Neva Minshel</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.H. Newcomer, 1331 South Creek, Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Robert C. Herron* .....

Licensed Embalmer No. *48* .....

P. O. Address *1234* .....

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.