

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25747

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>486</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>		c. LENGTH OF STAY (In this place) <u>2 WKS.</u>		c. CITY OR TOWN <u>Sullivan</u>		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 <u>Northside Hospital</u>				STREET ADDRESS (If rural, give location) <u>036/0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thelma</u> b. (Middle) <u>Lydia</u> c. (Last) <u>Underwood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30 1955</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 18, 1924</u>			
9. AGE (In years last birthday) <u>31</u>		10. MONTHS <u>2</u>		11. DAYS <u>12</u>		IF UNDER 1 YEAR IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sullivan, Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Pratt</u>			13b. MOTHER'S MAIDEN NAME <u>Thelma Blackburn</u>			14. NAME OF HUSBAND OR WIFE <u>Alton Underwood</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>498-22-5561</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alton Underwood</u>			ADDRESS <u>Sullivan, Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anaplastic Carcinoma from uterus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>	
				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. <u>174X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Anaplastic Carcinoma</u>					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) (Min.)		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 <u>Aug 20, 1955</u> , to <u>Aug 30, 1955</u> , that I last saw the deceased alive on <u>Aug 27, 1955</u> , and that death occurred at <u>3:20 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Robert Underwood M.D.</u>				23b. ADDRESS <u>Sullivan, Mo.</u>		23c. DATE SIGNED <u>Aug 30, 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Aug. 30, 1955</u>		REGISTRAR'S SIGNATURE <u>Thomas A. Humphrey</u>		FUNERAL DIRECTOR'S SIGNATURE <u>A.M. Eddy</u>		ADDRESS <u>Sullivan, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *J. A. Dempsey*.....

Licensed Embalmer No. *477*.....

P. O. Address *Sullivan*.....

**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.**