

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25735

State File No. ....

FILED JUN 26 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6150 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>New Lisbon Twp</u>		c. CITY OR TOWN <u>Advance Rd</u>	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 <u>at home</u>		e. STREET ADDRESS (If rural, give location) <u>5 miles. N.E. Laramo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas</u> b. (Middle) <u>Clinton</u> c. (Last) <u>Underwood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-28-1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 7-1877</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ill</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John M. Underwood</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Gregory</u>	14. NAME OF HUSBAND OR WIFE <u>Carrie Underwood</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis: Heart Done 4 yrs.</u> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Congestive Heart Failure 1 yrs</u>		
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 July 1955 to May 24, 1956 that I last saw the deceased alive on May 24, 1956 that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stephen Baker M.D. 23b. ADDRESS Bloomfield Mo. 23c. DATE SIGNED 5-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5-30-1956 24c. NAME OF CEMETERY OR CREMATORY Bloomfield Cemetery 24d. LOCATION (City, town, or county) (State) Stoddard Co Mo

DATE REC'D BY LOCAL REG. 6/16/56 REGISTRAR'S SIGNATURE Pearl Reed 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walkins & Sons Service Bloomfield Mo

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

1-2 cert by aron, ardy Physician 7-20-56

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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 *Earl Nuttall*

Licensed Embalmer No. *4964*

P. O. Address *Center St*

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.