

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34889**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **261** PRIMARY REG. DIST. NO. **3048** Registrar's No. **248**

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Taylor</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. CITY OR TOWN <b>Bedford</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 day</b>		No. STREET ADDRESS (If rural, give location) <b>8148 Clayton Township</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ludia Louisa</b> b. (Middle) <b>Underwood</b> c. (Last) <b>Underwood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 31 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH (last birthday) <b>Aug 28, 1878</b>	9. AGE (In years) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Samuel W. Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Mitchell</b>		14. NAME OF HUSBAND OR WIFE <b>Chas. 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>482-40-5211</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul Townsend Bedford Iowa</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>Diabetes Mellitus and Mesenteric Thrombosis</b>		DUE TO (b) <b>Accelerated Herina</b>		<b>Unknown</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<b>2 days</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death		<b>29 yrs</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>260x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Oct 28, 1956**, to **Oct 31, 1956**, that I last saw the deceased alive on **Oct 31, 1956** and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. Jones M.D.</b> (Degree or title)		23b. ADDRESS <b>Maryville Mo</b>		23c. DATE SIGNED <b>11/4/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-3-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Springton Cem</b>	
24d. LOCATION (City, town, or county) <b>Bedford Iowa</b>		24e. LOCATION (City, town, or county) (State)			

DATE REC'D BY LOCAL REG. <b>11-10-56</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank Helton Bedford, Ia</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.....  


Licensed Embalmer No. 4517

P. O. Address Bedford, N.H.

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.