No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1957

State File No. 3365

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3078 Registrar's No. 3

1

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
c. LENGTH OF STAY (In this place): 37 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 514 SOUTH MAIN ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
d. STREET ADDRESS (If rural, give location): 514 SOUTH MAIN ST.

1000/0

3. NAME OF DECEASED (Type or Print)
a. (First): IRA
b. (Middle): DEAN
c. (Last): UNDERWOOD

4. DATE OF DEATH (Month) (Day) (Year): JAN. 10, 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 3, 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 4, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRAIN DISPATCHER (RET)
10b. KIND OF BUSINESS OR INDUSTRY: FRISCO RLWY. CO.
11. BIRTHPLACE (State or foreign country): CAMPBELL HILL ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE UNDERWOOD
13b. MOTHER'S MAIDEN NAME: ALZADA COSTELLO
14. NAME OF HUSBAND OR WIFE: FLORENCE BELLE UNDERWOOD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: MRS. FLORENCE UNDERWOOD — ADDRESS: CHAFFEE, MO.

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): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
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
4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Jan, 1957, *to* 10 Jan, 1957, *that I last saw the deceased alive on* 10 Jan, 1957, *and that death occurred at* 9:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Tribble (Degree or title) MD
23b. ADDRESS: Chaffee Missouri
23c. DATE SIGNED: 11 Jan 57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-12-1957
24c. NAME OF CEMETERY OR CREMATORY: COULTERVILLE CEMETERY
24d. LOCATION (City, town, or county) (State): COULTERVILLE, ILLINOIS

DATE REC'D BY LOCAL REG.: 1-12-57
REGISTRAR'S SIGNATURE: Mildred Breglington
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED JAN 14 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 157-3

JAN 21 1957

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 .....
Student Embalmer

Signed Jack I. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.