

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED JAN 10 1958

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RFD Butler
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler memorial Hosp.		Length of stay in lb 26 days	d. STREET ADDRESS (If outside, give location) Deepwater Twp.
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ona Middle Myrtle Last Underwood			4. DATE OF DEATH Month Jan Day 1 Year 1958	
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 26 1881	9. AGE (In years (birthday)) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Vernon Co Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Andrew J Hartley	13b. MOTHER'S MAIDEN NAME Sarah Fox	14. NAME OF HUSBAND OR WIFE G N Underwood
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address G N Underwood Butler Missouri RFD
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 25 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	
	DUE TO (c) Essential hypertension	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
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20c. TIME OF INJURY Hour Month, Day, Year None	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	20f. CITY, TOWN, OR LOCATION Butler	COUNTY Mo	STATE Mo
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21. I attended the deceased from 12/17/57 to 1/1/58 and last saw her/him alive on 1/1/58 Death occurred at 9:22 PM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Douglas Ronald W.D.	22b. ADDRESS Butler, Mo	22c. DATE SIGNED 1/2/58
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23a. BURIAL, CREMATION, etc. (Specify) Burial	23b. DATE 1/4/58	23c. NAME OF CEMETERY OR CREMATORY Oakhill	23d. LOCATION (City, town, or county) (State) Butler Missouri
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24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.	25. DATE RECD. BY LOCAL REG. Jan. 2-1958	26. REGISTRAR'S SIGNATURE Kindall Krum
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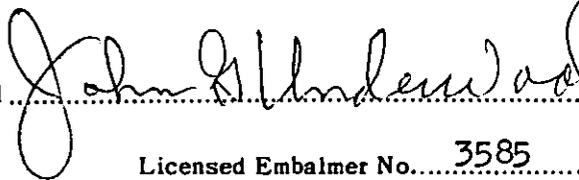
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 3585
P. O. Address Butler Missouri

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.