FILED FEB 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006423
STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5751 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route #3 — Length of stay in 1b 59 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Madison
c. CITY OR TOWN Fredericktown — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route #3 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Medford Middle: Last: Underwood, Sr.
4. DATE OF DEATH Month Day Year: Feb. 13, 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 26, 1897
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lead Miner-retired
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (City and state or country): St. Francois County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John Underwood
14. MOTHER'S MAIDEN NAME: Lora Trousdale
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.: UNknown
17. INFORMANT: Mrs. Bessie Underwood — Address: Fredericktown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pericandial Effusion, acute — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs ~~days~~.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease. — yrs.
DUE TO (c) Generalized Arteriosclerosis. — yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Silicosis, obesity. 443 X G
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 20, 1956, to Feb 13, 1958 and last saw ~~him~~ him alive on Feb. 13. 1958
Death occurred at 6:37 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles E Muchachio MD
22b. ADDRESS: 135 S. Muscha Motte Fredericktown Missouri
22c. DATE SIGNED: Feb 14, '58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/15/58
23c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
23d. LOCATION (City, town, or county) (State): Farmington, Mo.

24. FUNERAL DIRECTOR: Najim Funeral Home — ADDRESS: Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG.: 2-14-1958
26. REGISTRAR'S SIGNATURE: Florence Fiehd

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

WAYNESON COUNTY HEALTH DEPT
FREDERICKTOWN, MO.
RECEIVED
FEB 17 1978
RECEIVED
FILE No. 258-9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles McCarty.....

Licensed Embalmer No. 48 s

P. O. Address Fredericktow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.