

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019350  
STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 297 Primary Registration District No. 4446 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>RAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HARDIN</b>		c. CITY OR TOWN <b>HARDIN</b> 0290	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		d. STREET ADDRESS (If outside, give location) <b>50 yo.</b>	
3. NAME OF DECEASED (Type or print) First <b>BERTHA</b> Middle <b>MAE</b> Last <b>UNDERWOOD</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>22</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 5, 1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GROCERY CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY (RETAIL)</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>FRANK PENNINGTON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY JANE ODELL</b>	14. NAME OF HUSBAND OR WIFE <b>MELVIN A. UNDERWOOD</b>
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. <b>497-36-5015</b>	17. INFORMANT Address <b>M. A. UNDERWOOD HARDIN, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of Pancreas with metastasis to liver</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>157X</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			INTERVAL BETWEEN ONSET AND DEATH
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>4-30-58</b> to <b>5-22-58</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>5-19-58</b> Death occurred at <b>12:15 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Thomas B. Cook, M. D.</b>		22b. ADDRESS <b>Richmond, Missouri</b>	
22c. DATE SIGNED <b>5/23/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-24-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HARDIN CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>HARDIN Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>KNIPSCHKE-BORCHERS INC. - HARDIN, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-26-1958</b>	26. REGISTRAR'S SIGNATURE <b>Maluel Jackson</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 1 1958

JUL 3 1958

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 *Reginald Bouchard* .....

Licensed Embalmer No. *4678* .....

P. O. Address *Hardin, Mo.* .....

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.