

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028491
State File No.

FILED AUG 18 1958

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5792 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Combs Twp</u>		c. CITY OR TOWN <u>RURAL</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		e. STREET ADDRESS (If rural, give location) <u>8 1/2 mi. EAST of CARROLLTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 1/2 mi. EAST of Carrollton</u>			

3. NAME OF DECEASED a. (First) <u>MARY</u>		b. (Middle) <u>MC CLELLAND</u>		c. (Last) <u>UNDERWOOD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10 1958</u>	
---	--	--------------------------------	--	----------------------------	--	---	--

5. SEX <u>F. I</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>April 2, 1863</u>	9. AGE (In years last birthday) <u>95</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CARROLL County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--	---	---	---

13a. FATHER'S NAME <u>JAMES S. ROBINSON</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA ANN TOMLIN</u>	14. NAME OF HUSBAND OR WIFE <u>G. F. UNDERWOOD</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELMER UNDERWOOD</u>	ADDRESS <u>CARROLLTON</u>
---	--	--	---------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>general infirmities</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>17 old age</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>794X CARROLLTON MISSOURI</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan 1, 1858 to Aug 10, 1958 that I last saw the deceased alive on Aug 10, 1958, and my death occurred at 5:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	Degree or title <u>Registrar</u>	23b. ADDRESS <u>Carrollton, Mo</u>	23c. DATE SIGNED <u>Aug 10 1958</u>
-----------------------------------	----------------------------------	------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/12/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DAK Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>CARROLLTON Missouri</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>8/12/58</u>	REGISTRAR'S SIGNATURE <u>Mr. Verber Calver</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MARSHALL FUNERAL HOME</u>	ADDRESS <u>CARROLLTON</u>
---	--	---	---------------------------

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

6170
1

450

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.....
R. M. Meehan, Jr.

Licensed Embalmer No. *146*

P. O. Address *Carrollton*

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.