

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036925
STATE FILE NUMBER

40117-58
OCT 27 1958 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 125

300
1-57

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		c. CITY OR TOWN Leeton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Warrensburg Medical Center		d. STREET ADDRESS (If outside, give location) -----	
3. NAME OF DECEASED (Type or print) First RANDY Middle LEE Last UNDERWOOD		4. DATE OF DEATH Month October Day 21 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1958
9a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Child		9b. AGE (In years last birthday) Months 3 Days 15 Hours --- Min. ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (City and state or country) Warrensburg, Missouri USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Leon Underwood		13b. MOTHER'S MAIDEN NAME Billy Stout	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No (unknown)) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Leon Underwood, Leeton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation			INTERVAL BETWEEN ONSET AND DEATH 30 seconds
DUE TO (b) Hypoxia resulting from respiratory Arrest & manual breathing			12 hours
DUE TO (c) Shock from Intestinal Obstruction			18 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Meckel's Diverticulitis, Adhesive band			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.) ---	
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 Leeton, Missouri	
21. I attended the deceased from Birth to 10-21-58 and last saw her alive on 10-21-58 Death occurred at 7:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gerth D. Jones, M.D. (Degree or title)		22b. ADDRESS Warrensburg, Mo	
22c. DATE SIGNED 10-24-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10-23-58		23c. NAME OF CEMETERY OR CREMATORY Mineral Creek Cemetery	
23d. LOCATION (City, town, or county) Leeton, Missouri		24. FUNERAL DIRECTOR R. A. Brauninger, Warrensburg, Mo.	
25. DATE RECD. BY LOCAL REG. Oct. 24, 1958		26. REGISTRAR'S SIGNATURE Suzannah Cutchfield	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Jimmy S. Hucherson*

Licensed Embalmer No. *4092*

P. O. Address *Worcester, Mass.*

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.