

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020189  
STATE FILE NUMBER

FILED MAY 26 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 111

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cedar</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Nevada</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>El Dorado Springs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nevada Hospital</i>		Length of stay in lb <i>2 days</i>		d. STREET ADDRESS <i>0207</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>Robert</i> Last <i>Underwood</i>				4. DATE OF DEATH Month <i>May</i> Day <i>15</i> Year <i>1959</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>9-14-1879</i>		9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Dunnegan, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Joe Underwood</i>			13b. MOTHER'S MAIDEN NAME <i>Elmira Taylor</i>			14. NAME OF HUSBAND OR WIFE <i>Nola Underwood</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mo.</i> <i>Nola Underwood, El Dorado Springs.</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: <i>cerebral embolism</i>						INTERVAL BETWEEN DEATH AND REPORT		
IMMEDIATE CAUSE (a) _____						_____		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>post supra pubic prostatectomy</i>						30hrs		
DUE TO (c) <i>prostatic hypertrophy</i>						_____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 _____ 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 <i>Jan. 1959</i> to <i>May 15, 1959</i> and last saw her alive on <i>May 15, 1959</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Wm C Sundermuth, D.O.</i>				22b. ADDRESS <i>El Dorado Springs, Mo.</i>		22c. DATE SIGNED <i>5-16-59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5-17-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lindley Prairie Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Cedar Co., Missouri</i>			
24. FUNERAL DIRECTOR <i>Gwinn-Carothers, El Dorado Spgs. Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>5-19-1959</i>		26. REGISTRAR'S SIGNATURE <i>Anna E. Ferris</i>		

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 *Floyd E. Carothers* .....

Licensed Embalmer No. *4419* .....

P. O. Address *E. D. ... Spring* .....

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.