

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030196

FILED VS AUG 24 1959

STATE FILE NUMBER

Registration District No. 216 Primary Registration District No.        Registrar's No. 319

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Township</u>		Length of stay in 1b <u>9 Y; 5 das.</u>		c. CITY OR TOWN <u>Elvins</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>JANE</u> Middle <u>      </u> Last <u>UNDERWOOD</u>				4. DATE OF DEATH Month <u>July</u> Day <u>31</u> Year <u>1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> (?) Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 20, 1870</u>	9. AGE (last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>11</u>	IF UNDER 24 HR Hours <u>      </u> Min. <u>      </u>	
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>      </u>		11. BIRTHPLACE (City and state or country) <u>Mine LaMotte, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Bollinger</u>			13b. MOTHER'S MAIDEN NAME <u>Perlee Hahn</u>			14. NAME OF HUSBAND OR WIFE <u>Almus Underwood</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Records, State Hospital No. 4, Farmington, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial pneumonia - - - - -</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 das.</u>	
DUE TO (b) <u>Senility - - - - -</u>							Unknown	
DUE TO (c) <u>      </u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile psychosis, paranoid type.</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) <u>      </u>				
20c. TIME OF INJURY Hour <u>      </u> a.m. <u>      </u> p.m. <u>      </u>		Month, Day, Year <u>      </u> <u>      </u> <u>      </u>						
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.) <u>      </u>		20f. CITY, TOWN, OR LOCATION <u>      </u>		COUNTY <u>      </u>		STATE <u>      </u>
21. I attended the deceased from <u>July 29, 1959</u> to <u>July 31, 1959</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>7-31-59</u> Death occurred at <u>9:55 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u>				22b. ADDRESS <u>State Hospital No. 4 Farmington, Mo.</u>		22c. DATE SIGNED <u>7-31-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug. 3, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		23d. LOCATION (City, town, or county) <u>Fredericktown, Mo.</u>		(State) <u>      </u>	
24. FUNERAL DIRECTOR <u>      </u> ADDRESS <u>      </u>				25. DATE RECD. BY LOCAL REG. <u>Aug 17, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul K. Hugel

Licensed Embalmer No. 4120

P. O. Address Farmington

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.