

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-027332**

FILED VS AUG 3 1960 157

Registration District No. \_\_\_\_\_ Primary Registration District No. **3028**

Registrar's No. **162**

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jasper</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Jasper</b>	
Length of stay in 1b <b>2 days</b>		c. CITY OR TOWN <b>Carthage</b>		d. STREET ADDRESS <b>806 Case Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>McCune Brooks Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Middle Last <b>Walter L. Underwood</b>			<b>July 26 1960</b>				
5. SEX <b>Male</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>11-30-1884</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		11. BIRTHPLACE (City and state or country) <b>Barton Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>J. L. Underwood</b>			13b. MOTHER'S MAIDEN NAME <b>Ida Cox</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Grace Swinehart</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Mary G. Underwood, Carthage, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Uremia</b>							
DUE TO (b) <b>Chronic nephritis</b>						<b>2-3 mon.</b>	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Aplastic anemia 18 mon.</b>						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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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>3/24/52</b> to <b>7/26/60</b> and last saw him alive on <b>7/25/60</b> Death occurred at <b>12:30A</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Charles F. Shell MD.</b>				22b. ADDRESS <b>Carthage, Missouri</b>		22c. DATE SIGNED <b>7/26/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-28-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fasken Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jasper County, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Ulmer Funeral Home, Carthage, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>July 28, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Ernie E. Stewart, Registrar</b>	

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 Melvin C. Garrett, Student Embalmer No. 605

working under my personal supervision.

Student Melvin C. Garrett  
Signature of Student Embalmer

Signed Edwin C. Thomas

Licensed Embalmer No. 4955

P. O. Address Garrett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.