

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033612

FILED VS SEP 13 1960

360

Primary Registration District No. **6225**

Registrar's No. **180**

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nev b. COUNTY Vernon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp		Length of stay in 1b 45 days		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 421 E. Sycamore		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Effie Middle B. Last Underwood				4. DATE OF DEATH Month 8 Day 29 Year 60				
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-5-89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. wife			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Liberty Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benjamin Jork			13b. MOTHER'S MAIDEN NAME unk			14. NAME OF HUSBAND OR WIFE R. H. Underwood		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk			16. SOCIAL SECURITY NO. unk		17. INFORMANT Records Address State Hospital # 3 Nevada Nev			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 3 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome associated with Cerebral Arteriosclerosis						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 7-15-60 to 8-29-60 and last saw her alive on 8-29-60 Death occurred at 11:50 P on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Nevada Nev		22c. DATE SIGNED 8-9-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1960	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) Nevada, Missouri				
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home Nevada, Missouri			25. DATE RECD. BY LOCAL REG. 9-6-1960		26. REGISTRAR'S SIGNATURE [Signature]			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 1960

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

L. Augustus Perry

Licensed Embalmer No. 4960

P. O. Address Maund

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.