

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045114

FILED VS DEC 20 1960 032

STATE FILE NUMBER

ENDED

Registration District No. Primary Registration District No. Registrar's No. 85

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crooked Creek		Length of stay in 1b Life		c. CITY OR TOWN Glen Allen		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Glen Allen		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Zack Leander Underwood				4. DATE OF DEATH Month Day Year 12 10 1960			
5. SEX M	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 4/14/86	9. AGE (last birthday) 74	12. IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and state or country) Glen Allen, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Underwood		13b. MOTHER'S MAIDEN NAME Adaline Rickman		14. NAME OF HUSBAND OR WIFE Nellie Mc Leod			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Nellie Underwood, Glen Allen, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio renal vascular disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 1-45/19/56 to 12/10/60 and last saw ^{her} him alive on 12/9/60 Death occurred at 1-45/19/56 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John J. Magar MD				22b. ADDRESS Antennville Mo		22c. DATE SIGNED 12/10/60	
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 12/12/60		23c. NAME OF CEMETERY OR CREMATORY Old Trace Creek		23d. LOCATION (City, town, or county) Glen Allen, Mo.	
24. FUNERAL DIRECTOR Ward Funeral Home, Lutesvillen Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 12-13-60		26. REGISTRAR'S SIGNATURE Mr. Buford Crader	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 21 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 *Henneth Liley*

Licensed Embalmer No. 5086

P. O. Address *Luterville*

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.