

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 26 1961

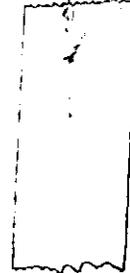
-61-004412

360 Primary Registration District No. 6224 Registrar's No. 4

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. . SHOULD READ

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center		c. CITY OR TOWN Nevada R R #3	
Length of stay in 1b 14 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Anderson rest home		d. STREET ADDRESS (If outside, give location) Nevada R R #3	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last James Milton Underwood			4. DATE OF DEATH Month Day Year January 13 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/27/61
9. AGE (last birthday) 79		IF UNDER 1 YEAR IF UNDER 24 HR Months 6 Days 16 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Galva Ill.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Michael Underwood	
13b. MOTHER'S MAIDEN NAME Katie Burlin		14. NAME OF HUSBAND OR WIFE Elizabeth Underwood	
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. 	
17. INFORMANT James Underwood		Address Kansas City 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) Cerebral vascular accident			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)			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
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 Jan 1960 to Jan 13 1961 and last saw him alive on Jan 13 1961 Death occurred at 4 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L.P. McCann (Degree or title) L.P. McCann, M.D.		22b. ADDRESS Moore Bldg., Nevada Mo.	22c. DATE SIGNED 1/17/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 16 1961	23c. NAME OF CEMETERY OR CREMATORY Dunnington Grove	23d. LOCATION (City, town, or county) (State) Vernon Co. Mo.
24. FUNERAL DIRECTOR Beeny Funeral Home ADDRESS Sheldon,	25. DATE RECD. BY LOCAL REG. Jan 19-1961	26. REGISTRAR'S SIGNATURE Anna J. Jerry	



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 *S. Bernard Buery*

Licensed Embalmer No. 4161

P. O. Address Sheldon Mo

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.