

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-024701
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 189

AMENDED

FILED AUG 14 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON</u>		Length of stay in 1b <u>2 HRS.</u>	c. CITY OR TOWN <u>BOURBON</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>ST. FRANCIS HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.P.I. (ARGO)</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM F. UNDERWOOD</u>			4. DATE OF DEATH Month Day Year <u>AUG. 6 1961</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 1884 77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>OLD ARGO, MO.</u>
13a. FATHER'S NAME <u>JAMES UNDERWOOD</u>		13b. MOTHER'S MAIDEN NAME <u>LIZA GREEN</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA KLEAGER</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>		17. INFORMANT Address <u>ANNA UNDERWOOD, BOURBON, 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>Irreversible Shock</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
DUE TO (b) <u>Retroperitoneal Hemorrhage</u>			<u>3 hrs</u>
DUE TO (c) <u>Ruptured Kidney: CAR ACCIDENT</u>			<u>3 1/2 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple injuries to head, LT. Shoulder, fract. RIBS</u>			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 checked="" 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.) <u>CAR ACCIDENT</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>5:30 p.m. AUG 6, '61</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>HWY 66 + 155</u>	20f. CITY, TOWN, OR LOCATION <u>SULLIVAN</u>	COUNTY STATE <u>FRANKLIN MO.</u>
21. I attended the deceased from <u>5:30 PM 6 AUG 61</u> to <u>8:30 PM 6 AUG 61</u> and last saw her/him alive on <u>Same day</u> Death occurred at <u>6 AUG 61 8:30 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>R.N. Gien MD</u>		22b. ADDRESS <u>Sullivan Clinic; Sullivan Mo.</u>	22c. DATE SIGNED <u>7 AUG 61</u>
23a. BURIAL (Cremation, Removal, Specimen) <u>BURIAL</u>	23b. DATE <u>AUG. 9, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ARGO PRES. CHURCH CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>H.M. EATON, SULLIVAN, MO</u>		25. DATE RECD. BY LOCAL REG. <u>8/8/61</u>	26. REGISTRAR'S SIGNATURE <u>Loth G. Judmann</u>

FEB 23 1962

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

Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan

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.