

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043326

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 157

FILED DEC 7 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
1 0.551								
2 0.551								
3								
4 0								
5 2								
6								
7 0								
8 0								
9 331X								
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11								
12 1-0								
13 1-0								

<p>1. PLACE OF DEATH</p> <p>a. COUNTY LAWRENCE</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA Length of stay in 1b YEARS</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AURORA HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE MO b. COUNTY LAWRENCE</p> <p>c. CITY OR TOWN AURORA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 36 W. OLIVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First DALLAS Middle B. Last UNDERWOOD</p>		<p>4. DATE OF DEATH Month DEC. Day 1, Year 1962</p>	
<p>5. SEX MALE</p>	<p>6. COLOR OR RACE WHITE</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 7/21/75</p>
<p>9. AGE (last birthday) 87</p>	<p>IF UNDER 1 YEAR Months 0 Days 0</p>	<p>IF UNDER 24 HR Hours 0 Min. 0</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. CARPENTER</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY BUILDING</p>	
<p>11. BIRTHPLACE (City and state or country) GRANBY, MO.</p>		<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME UNKNOWN</p>		<p>13b. MOTHER'S MAIDEN NAME UNKNOWN</p>	
<p>14. NAME OF HUSBAND OR WIFE *****</p>			
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO</p>		<p>16. SOCIAL SECURITY NO. NONE</p>	
<p>17. INFORMANT RAY SHOEMAKER: MT. VERNON, MO.</p>		<p>Address *****</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Hemorrhage, Cerebral, Massive 4 days</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>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</p>			<p>INTERVAL BETWEEN ONSET AND DEATH 4 days</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>			
<p>21. I attended the deceased from November 27, 1962 and last saw him alive December 1, 1962. Death occurred at 10:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) Donald L. Selacy MD</p>		<p>22b. ADDRESS Aurora, Mo</p>	
<p>22c. DATE SIGNED 12/3/62</p>			
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL</p>	<p>23b. DATE 12/4/62</p>	<p>23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY</p>	<p>23d. LOCATION (City, town, or county) AURORA, MO.</p>
<p>24. FUNERAL DIRECTOR ARNOLD'S FUNERAL HOME; ADDRESS AURORA, MO.</p>		<p>25. DATE RECD. BY LOCAL REG. 12-3-62</p>	<p>26. REGISTRAR'S SIGNATURE George Langley</p>

Issued 12-3-62.

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 Erwin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Avoca, 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.