Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037093
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY MADISON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN — Inside Limits Yes ☒ No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 805 S. MAPLE — Length of stay in 1b: 14 yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON c. CITY OR TOWN 062 FREDERICKTOWN — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS 805 S. MAPLE (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: HENRY	Middle: ANDREW	Last: UMFLEET	4. DATE OF DEATH	Month: OCT.	Day: 21,	Year: 1958
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH: JULY 29 1878	9. AGE (In years last birthday): 80	IF UNDER 1 YEAR: Months 2 / Days 22	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER -	10b. KIND OF BUSINESS OR INDUSTRY: LEAD MINES	11. BIRTHPLACE (City and state or country): MADISON CO. MISSOURI	12. CITIZEN OF WHAT COUNTRY?: U.S.A.				
13. FATHER'S NAME: HUGH UMFLEET		14. MOTHER'S MAIDEN NAME: UNKNOWN					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: NONE	17. INFORMANT: DONALD UMFLEET,	Address: BERNIE, MO.			

MEDICAL CERTIFICATION

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 embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c): 332 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ I

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	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 ☐ NOT WHILE AT WORK ☐	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 Oct 17 58, to Oct 21 58 and last saw him alive on Oct 21, 58
Death occurred at 1:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. W. Delegeane MD	22b. ADDRESS: Fredericktown Mo	22c. DATE SIGNED: 10/22/58	
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 10/23/58	23c. NAME OF CEMETERY OR CREMATORY: MINE LAMOTT CEM -	23d. LOCATION (City, town, or county) (State): MADISON COUNTY, MO.
24. FUNERAL DIRECTOR: J. Adamson -	ADDRESS: FREDERICKTOWN, MO.	25. DATE RECD. BY LOCAL REG.: 10-23-1958	26. REGISTRAR'S SIGNATURE: Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MADISON COUNTY HEALT
FREDERICKTOWN, M
RECEIVED
OCT 27 1958
RECEIVED
FILE No. 1658-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

_____

Student _____
Signature of Student Embalmer

Signed Raymond B. Carlson

Licensed Embalmer No. 4.8.

P. O. Address Fredericktown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.