

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025592

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 274

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY St Francois.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) Flat River, Mo		c. CITY OR TOWN Flat River, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 213 Munger St.		d. STREET ADDRESS (If outside, give location) Lewis St.	
3. NAME OF DECEASED (Type or print) Jeff Umfleet.		4. DATE OF DEATH June 24, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH Feb 25, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	
13a. FATHER'S NAME Hugh Umfleet.		13b. MOTHER'S MAIDEN NAME Louisa Montgomery.	
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	
11. BIRTHPLACE (City and state or country) Mine La Motte, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
14. NAME OF HUSBAND OR WIFE Frances Umfleet		17. INFORMANT Address Mrs Eddie Sirclum Flat River.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myo cardiac infarction DUE TO (b) Arteriosclerotic heart disease DUE TO (c) known		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Congestive failure Dec 1962 to recovery		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	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 Flat River, Mo	
21. I attended the deceased from 1945 to June 24, 1963 and last saw him alive on June 23, 1963 Death occurred at 5:00 A on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. L. Foster M.D. (Degree or title)	
22b. ADDRESS Desloge, Mo.		22c. DATE SIGNED 6-26-63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-26-63	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	23d. LOCATION (City, town, or county) Farmington, Mo
24. FUNERAL DIRECTOR Caldwell & Sons Flat River, Mo		25. DATE RECD. BY LOCAL REG. June 26, 1963	
26. REGISTRAR'S SIGNATURE Ethel Reddick			

308790-803

SEP 17 1963

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 Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.