

FILED AUG 30 1949

# STANDARD CERTIFICATE OF DEATH

State File No. **26072**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5079** Registrar's No. **62**

3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Spruce Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Spruce Twp.</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>RFD 1, Butler</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD 1, Butler, Mo</b>			
3. NAME OF DECEASED (Type or Print) <b>Charles</b>		a. (First) <b>Arthur</b>	
		b. (Middle) <b>Umstadd</b>	
		c. (Last) <b>Umstadd</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 15 49</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 27, 1894</b>
9. AGE (In years last birthday) <b>54</b>		If UNDER 1 YEAR: Months <b>9</b> Days <b>18</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	
11. BIRTHPLACE (State or foreign country) <b>Bates Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Edwin K. Umstadd</b>	13b. MOTHER'S MAIDEN NAME <b>Mary---</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel Umstadd</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWI</b>	16. SOCIAL SECURITY NO. <b>Unkown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ethel Umstadd</b>
		ADDRESS <b>RFD/Butler, Mo.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>instant</b> <b>4:20!</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>possibly Coronary Occlusion</b> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Found dead in chair -</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>probably dead for 4 to 6 hours -</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:15A** m., from the causes and on the date stated above.

22a. SIGNATURE <b>John G. Anderson - Coroner - 3</b>	(Degree or title)	23b. ADDRESS <b>Butler Mo</b>	23c. DATE SIGNED <b>8-15-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 16, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Johnstown Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Johnstown Mo</b>
DATE REC'D BY LOCAL REG. <b>Aug 15 - 1949</b>	REGISTRAR'S SIGNATURE <b>Randall Perry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Culver Anderson</b>	
		ADDRESS <b>Butler Mo</b>	

SEP 1 1949

RECEIVED

District Health Officer No. 7,

District File Number 7-49-1413

Date Filed 8-26-49

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 .....  
Student Embalmer

Signed

*George H. Hill*

Licensed Embalmer No. 4743

P. O. Address Butler, 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 this body is not embalmed, fact should be so stated above.