

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1950

State File No. 134

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5078 Registrar's No. 14

1. PLACE OF DEATH. a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Deepwater-Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Deepwater Twp</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>N.W. of Johnstown, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N.W. of Johnstown, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>N.W. of Johnstown, Mo.</u>	

3. NAME OF DECEASED (Type or Print) <u>Mary</u> a. (First) <u>B.</u> b. (Middle) <u>Umstatt</u> c. (Last) <u>d</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1950</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 2, 1862</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>Polk Co. Missouri</u>
13a. FATHER'S NAME <u>Isaac Wainscott</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah-----</u>		14. NAME OF HUSBAND OR WIFE <u>Elwin Unstattd-Deceased</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>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura Spears Butler, RFD, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremic Coma</u>				
		DUE TO (c) <u>Chronic nephritis</u>				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				592
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 June 1, 1949, to 2-1, 1950, that I last saw the deceased alive on 1-31, 1950, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. L. Hansen M.D.</u>		23b. ADDRESS <u>Butler, Mo</u>		23c. DATE SIGNED <u>2-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Johnstown Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Johnstown, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Feb. 1-1950</u>		REGISTRAR'S SIGNATURE <u>Randall Kray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Culver - Underwood Butler, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED
District Health Officer No.
District File Number 1-50-4
Date Filed 2-6-50

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 K. 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.