

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 20 1959

59-042644

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **210243**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		Length of stay in 1b DOA		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1745 Missouri Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Donald Middle L. Last Umfleet				4. DATE OF DEATH Month November Day 3 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/7/41		9. AGE (last birthday) 17		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Harry Umfleet				13b. MOTHER'S MAIDEN NAME Leona Barnes				14. NAME OF HUSBAND OR WIFE JoAnn Umfleet					
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. Nil		17. INFORMANT Address JoAnn Barnes, 1745 Missouri Avenue.,							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)									
						914.3 06							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered while										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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Working near rig on project									
20c. TIME OF INJURY 330 p.m.		Month, Day, Year 11 3 59		in vicinity of 5600 Hall Street about 330 p.m. Nov 3 1959.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) 092 Project		20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY		STATE					
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 405 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Donald L. Umfleet</i> (Degree or title)				22b. ADDRESS 1300 Clark				22c. DATE SIGNED 11/7/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/7/59		23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery				23d. LOCATION (City, town, or county) (State) Farmington, Missouri.					
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington,				25. DATE RECD. BY LOCAL REG. NOV 7 1959		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>							

(Licensed Embalmer's Statement on Reverse Side)

S.P.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 11 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. M. Bankley

Licensed Embalmer No. 3658

P. O. Address Law

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.