

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0006096

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

137 3023 75
FILED MAR 13 1967VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|------------------------|---|----------------------------|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Benton | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | Length of stay in 1b Hours | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Fred Middle Harold Last Umstead | | 4. DATE OF DEATH Month March Day 8 Year 1967 | |
| 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 1/20/1903 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY Farming & Teaching | |
| 13a. FATHER'S NAME Charles W. Umstead | | 13b. MOTHER'S MAIDEN NAME Eva Bear | |
| 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. 488-50-3084 | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | | 11. BIRTHPLACE (City and state or country) Tuscumbia, Mo | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Emphysema | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 14. NAME OF HUSBAND OR WIFE Fern Umstead | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 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.) | |
| 21. I attended the deceased from 1964 to March 8 1967 and last saw him alive on March 8 1967 | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 22a. SIGNATURE (Degree or title) Richard T. Umstead DO | | 22b. ADDRESS Lincoln Mo | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 3/11/67 | |
| 23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | | 23d. LOCATION (City, town, or county) Lincoln | |
| 24. FUNERAL DIRECTOR Fred Davis & Son | | 25. DATE RECD. BY LOCAL REG. 3-10-67 | |
| ADDRESS Lincoln, Mo | | 26. REGISTRAR'S SIGNATURE Mildred Begum | |

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1967

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 L. Ray Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.

Permit obtained 3-10-67
W.B.