

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

35050

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>310</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (in this place) <u>6 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ST MICHAELS TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>5 1/2 mi. N. of FREDERICK TOWN, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 3, 1954</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u>		b. (Middle) <u>EDGAR</u>		c. (Last) <u>UMFLEET</u>		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, <u>NEVER MARRIED</u> WIDOWED, DIVORCED, <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 6, 1901</u>		9. AGE (in years last birthday) <u>53</u> Months <u>0</u> Days <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. FRANCOIS Co., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EMMETT UMFLEET</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE LAYNE</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</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>491-26-9117</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VOILA WHITE, MINE LAMOTTE, MO.</u> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lower nephron nephrosis</u> DUE TO (c) <u>Perforated peptic ulcer</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>  <u>24 hours</u>	
19a. DATE OF OPERATION <u>9-26-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated duodenal ulcer</u> <u>5411</u>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) <u>2-10-54</u> <u>6:00</u> a.m.		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 <u>9-26</u> , 1954, to <u>10-3-</u> , 1954, that I last saw the deceased alive on <u>10-2-54</u> , 1954, and that death occurred at <u>4:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George L. Wathams, M.D.</u>				23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>10-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/5/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTYVILLE CHRISTIAN</u>		24d. LOCATION (City, town, or county) (State) <u>ST. FRANCOIS COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 5, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Riddloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Lawrence</u> ADDRESS <u>FREDERICKTOWN, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Raymond Wilson*

Licensed Embalmer No. *4884*

P. O. Address

*Frederickton*

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.