

FILED FEB 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 510  
Registrar's No. 11

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3809

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Gir. Mo.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Jackson</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Jackson</i>	
c. LENGTH OF STAY (in this place) <i>all life</i>		d. STREET ADDRESS (If rural, give location) <i>East main</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>East main St</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Clara</i>	b. (Middle) <i>Jillie</i>	c. (Last) <i>Umbeck</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>2-4-49</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Jan. 8, 1880</i>	9. AGE (In years last birthday) <i>69</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Ernest Umbeck</i>	13b. MOTHER'S MAIDEN NAME <i>Meyer</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Clara Umbeck</i>	ADDRESS <i>Jackson Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Unknown</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <i>She died about 10.2 minutes after they brought her in</i>		
	DUE TO (c) <i>my office 7955</i>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>20. S. S. S. 1949</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on *Feb. 4*, 1949, and that death occurred at *10:36 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. G. Schubert Local Registrar</i>	23b. ADDRESS <i>Jackson Mo.</i>	23c. DATE SIGNED <i>2-4-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-6-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Jackson Mo.</i>
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DATE REC'D BY LOCAL REG. <i>2-4-49</i>	REGISTRAR'S SIGNATURE <i>D. G. Schubert</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>McCombs Furniture &amp; Und. Co.</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

16  
2  
1

INDEXED  
District No. 4  
District File Number 249-20  
Date Filed 2-8-49

MAY 19 1958

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 Thos. S. Allen

Licensed Embalmer No. 40555

P. O. Address Jackson

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.