

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14373

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>729</u>		
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Advance</u>		<u>193</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St Marys</u>				d. STREET ADDRESS (If rural, give location) <u>1-0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Addie</u>			b. (Middle) <u>Mary</u>		c. (Last) <u>Umfleet</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3, 21, 49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4, 9, 1909</u>	9. AGE (in years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	
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		11. BIRTHPLACE (State or foreign country) <u>Arbor, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Raleigh Adam Kidd</u>			13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Umfleet</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence umfleet Husband</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial adenoma.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2.5 x 16.2 x</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5621</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs?</u>	
19a. DATE OF OPERATION <u>3/21/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Confirmed above</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>200</u>		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)		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>FEB 14, 1949</u> , to <u>3/21, 1949</u> , that I last saw the deceased alive on <u>3/21/49</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>James L. Mudd M.D.</u>				23b. ADDRESS <u>634 N. Grand St. St. Louis</u>		23c. DATE SIGNED <u>3/22/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3, 23, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgans cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Advance Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-23-49</u>		REGISTRAR'S SIGNATURE <u>Harold L. Lunge M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rouland Mortuary Service</u>		ADDRESS <u>4104</u>		

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**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.

Signed.....  
Student Embalmer

Signed

*J. Allen Ruvie*

Licensed Embalmer No. *4053*

P. O. Address *St Louis*

**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.**