

FILED AUG 4 - 1955

STANDARD CERTIFICATE OF DEATH

20996

State File No.

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merico</u> c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>—</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>20690</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mexico General Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D., "Molino, Mo."</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellen</u> b. (Middle) <u>MAY</u> c. (Last) <u>Umstatt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1955</u>	
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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>JUNE 24, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	IF UNDER 1 Wk. Hours <u>—</u> Min. <u>—</u>
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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 <u>OWN HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>STEPHEN R. JONES</u>	13b. MOTHER'S MAIDEN NAME <u>MATILDA F. FIELDS</u>	14. NAME OF HUSBAND OR WIFE <u>BLUEFORD G. UMSTATT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>YES</u>	17. INFORMANT'S SIGNATURE OR NAME <u>B.G. UMSTATT</u> ADDRESS <u>MOLINO, MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u>		<u>10 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery disease</u> DUE TO (c) <u>4201</u>		<u>5 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 July 13, 1955, to July 26, 1955, that I last saw the deceased alive on July 26, 1955, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. ...</u> (Degree or title)	23b. ADDRESS <u>100-2 ...</u>	23c. DATE SIGNED <u>7-26-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LONG BRANCH CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>MONROE Co., MO.</u>
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DATE REC'D BY LOCAL REG. <u>July 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u> ADDRESS <u>PARIS, MO.</u>
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(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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. Blakely*
Licensed Embalmer No. *361*
P. O. Address *TARLS*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.