

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014696
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 66

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper <u>0490</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) JOSEPH LOUIS UMMEL			4. DATE OF DEATH March 23, 1958		
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5. SEX male <u>0</u>	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 Jan 22, 1916	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days Hours	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) retired fireman	10b. KIND OF BUSINESS OR INDUSTRY cold storage Co	11. BIRTHPLACE (City and state or country) Avilla, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Ummel	13b. MOTHER'S MAIDEN NAME Leota Kissinger	14. NAME OF HUSBAND OR WIFE Leona Stiles Ummel
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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. 499-22-2049	17. INFORMANT Mrs. Koe Ummel, Rte 1, Carthage, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial obstruction		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Bronchiectasis, extensive, bilateral	8 years
	DUE TO (c) _____	526 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid arthritis, far advanced, severe. Peripheral neuropathy cause undetermined.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>5/2/50</u> to <u>3/23/58</u> and last saw her alive on <u>3/23/58</u> Death occurred at <u>1:20</u> p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.	22b. ADDRESS 201 W. 3rd, Carthage, Mo	22c. DATE SIGNED 3-24-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-26-58	23c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	23d. LOCATION (City, town, or county) Carthage, Mo.
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24. FUNERAL DIRECTOR KNELL MORTUARY	ADDRESS Carthage, Mo	25. DATE RECD. BY LOCAL REG. 3-25-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Collected by 4/30/58
Def 38

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