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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004397
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY: Audrain	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Mexico — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN: Centralia — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Audrain County Hospital — Length of stay in 1b: 16 days	d. STREET ADDRESS (If outside, give location): 316 W. Bruton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Virgil	Middle: Henry	Last: Umble	4. DATE OF DEATH Month Day Year: March - 8 - 1959
5. SEX: Male	6. COLOR OR RACE: white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: May 29-1900
9. AGE (In years last birthday): 58	IF UNDER 1 YEAR Months: 9 Days: 9	IF UNDER 24 HRS. Hours: Min.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Worker	10b. KIND OF BUSINESS OR INDUSTRY: Office Worker	11. BIRTHPLACE (City and state or country): Knoxville, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Jacob Umble	13b. MOTHER'S MAIDEN NAME: Hattie Ferguson	14. NAME OF HUSBAND OR WIFE: Mrs Zelta Umble	
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.: 492-10-5858	17. INFORMANT: Mrs. Zelta Umble, Address: Centralia, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): adenocarcinoma right colon

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): metastatic to liver with intra hepatic

DUE TO (c): of structure with jaundice

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1530

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/22/54, to 3/8/59 and last saw ~~her~~ him alive on 3/8/59

Death occurred at 8:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robt L. Ward MD	22b. ADDRESS: Centralia Mo	22c. DATE SIGNED: 3/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Mar. 10/1959	23c. NAME OF CEMETERY OR CREMATORY: Centralia Cemetery
23d. LOCATION (City, town, or county) (State): Centralia, Mo.		
24. FUNERAL DIRECTOR: Paul J. Ballew	ADDRESS: Centralia, Mo.	25. DATE RECD. BY LOCAL REG.: Mar 10-1959
26. REGISTRAR'S SIGNATURE: Blanche Neely		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robt L. Ward MD

US MAR 18 1959

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 .....
Signature of Student Embalmer

Signed Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address Entralia, Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.