

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012018

State File No.

FILED MAR 24 1959

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Stoddard</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 township) OR TOWN <u>Bloomfield</u>	c. LENGTH OF STAY (in this place) CY'S <u>10 30 0</u>	c. CITY OR TOWN <u>Bloomfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Clara</u>	b. (Middle) <u>Margaret</u>	c. (Last) <u>Umble</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 7 1959</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>April 12 1893</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Grey Ridge MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Martin E Freeman</u>	13b. MOTHER'S MAIDEN NAME <u>Anna E Benson</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Umble</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Umble Bloomfield MO.</u>	ADDRESS <u>Bloomfield 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident (Hemorrhage)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Atherosclerosis</u> DUE TO (c) <u>Malignant Hypertension</u>		<u>1 1/2 yrs.</u> <u>10 yrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arteriosclerotic Heart Disease</u>		<u>10 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) m.	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, 1955, to March, 1959, that I last saw the deceased alive on 3-6, 1959, and that death occurred at 4:24 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Stephen Pauler</u>	(Degree or title)	23b. ADDRESS <u>Bloomfield Mo</u>	23c. DATE SIGNED <u>3-17-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3#9 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard CC MO.</u>
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DATE REC'D BY LOCAL REG. <u>3-20-59</u>	REGISTRAR'S SIGNATURE <u>Mrs. Heaugh L. Booker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins & Sons Funeral Service</u>	ADDRESS <u>Bloomfield MO.</u>
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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Per C. M. Walker*

Licensed Embalmer No. *496*

P. O. Address *Superior*

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.