THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 86945

FILED OCT 26 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 353

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flat River
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 221 Crane St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Flat River c942
d. STREET ADDRESS (If rural, give location): 221 Crane St.

3. NAME OF DECEASED (Type or Print): a. (First) Mrs. Mary b. (Middle) Francis c. (Last) Umfleet.

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White-Caus.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-31-1883.

9. AGE (In years last birthday): 70-6-16 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Madison County, Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Mr. Jacob Clouse

13b. MOTHER'S MAIDEN NAME: Sarah Abbey Beard

14. NAME OF HUSBAND OR WIFE: Mr. Jeff Umfleet.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mr. Jeff Umfleet - 221 Crane St. Flat River Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Fractured Cervical Spine — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

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: E9000.21

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) Flat River (COUNTY) 094 (STATE) St Francois MO

21d. TIME OF INJURY (Month) Oct (Day) 17 (Year) 53 (Hour) 5A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell down Stairs

22. *I hereby certify that I attended the deceased from* Oct 17, 1953, *to* Oct 17, 1953, *that I last saw the deceased alive on* Oct 17, 1953, *and that death occurred at* 5A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. H. Armbruster M.D.

23b. ADDRESS: Flat River MO.

23c. DATE SIGNED: 10-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 22-1953

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): Farmington Mo.

DATE REC'D BY LOCAL REG.: Oct. 21, 1953

REGISTRAR'S SIGNATURE: Esther Rudloff

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Alvin W. Arod - 303 Crane St Flat River, Mo

(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 embalmed by me, or by.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Albert W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Cane St. Flat

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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