

No. 300
10-48

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27281

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BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hosp.</u>		-d. STREET ADDRESS (If rural, give location) <u>Ozark township-RURAL</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Waster</u>	b. (Middle) <u>Bumgarner</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May-6-1884</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>X</u> Days <u>X</u>	IF UNDER 24 HRS. Hours <u>X</u> Min. <u>X</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Webster County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Absolum Bumgarner</u>	13b. MOTHER'S MAIDEN NAME <u>Alvetas Letterman</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Celeste Stovall-Visalia, Cal.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>177X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C9. Prostate</u>		
	ANTECEDENT CAUSES Morbidity 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 _____	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 9-3-, 1949, to 9-4-, 1949, that I last saw the deceased alive on 9-4-, 1949, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.E. Hanel</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>9-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 6-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Welch</u>	24d. LOCATION (City, town, or county) (State) <u>Webster Co. - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-8-1949</u>	REGISTRAR'S SIGNATURE <u>Hilda L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tex J. J. J. J.</u>	ADDRESS <u>Marshfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received SEP 12 1949

Laclede County Health Unit

File No. 9-48-~~24~~127

Date Filed SEP 12 1949

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.

Signed _____
Student Embalmer

Signed

Rex Rainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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 this body is not embalmed, fact should be so stated above.