

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32249

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>4319</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>MARIES</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARIES</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BELLE</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BELLE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>family home</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MINNIE</u>		b. (Middle) _____		c. (Last) <u>BUMPUSS</u>	
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>SEPT 30th 1878</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>73</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>telephone operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC UTILITIES</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY TRAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK BUMPUSS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unable to locate</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Jackson, St. Louis</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC MYOCARDIAL DEGEN</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>OSTEOPOROSIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>8 Yrs.</u> <u>11 Yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21d. HOW DID INJURY OCCUR? _____	
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? _____			
22. I hereby certify that I attended the deceased from <u>9/22/52</u> to <u>9/25/52</u> , that I last saw the deceased alive on <u>9/25/52</u> , and that death occurred at <u>11:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>R. H. Schuchman M.D.</u>				23b. ADDRESS <u>Belle, Mo</u>		23c. DATE SIGNED <u>9/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT 28th 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BELLE MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>10-1-52</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. S. Sarna</u> ADDRESS <u>BELLE</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

Chester Sessman

Licensed Embalmer No.

4178

P. O. Address

Bland - 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.