

STANDARD CERTIFICATE OF DEATH

6510

State File No. 148712
Registrar's No. 116

LED MAR 10 1953

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 220

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
c. LENGTH OF STAY (in this place) YEARS		d. STREET ADDRESS (If rural, give location) 206 So. PARK	
d. FULL NAME OF HOSPITAL OR INSTITUTION 206 So. PARK			

3. NAME OF DECEASED (Type or Print) a. (First) CLEM b. (Middle) BUMGARNER c. (Last) BUMGARNER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 1, 1953			
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 9, 1874	9. AGE (In years last birthday) 78	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) RETIRED SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY COAL		11. BIRTHPLACE (State or foreign country) CHEROKEE, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME REUBEN BUMGARNER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MAE BUMGARNER	
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. UNK		17. INFORMANT'S SIGNATURE OR NAME MAE BUMGARNER, 206 S. PARK, JOPLIN	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS		INTERVAL BETWEEN ONSET AND DEATH UNK.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PRIMARY UNKNOWN		
	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 1999		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. 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 1-10 1953, to 3-1 1953, that I last saw the deceased alive on 2-28 1953, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE D. Douglas M.D.		23b. ADDRESS Frisco Bldg, Joplin Mo		23c. DATE SIGNED 3/2/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-4-53		24c. NAME OF CEMETERY OR CREMATORY OSBORNE CEM.	
				24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	

DATE REC'D BY LOCAL REG. 3-2-53		REGISTRAR'S SIGNATURE D. Douglas		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-9-53
Jasper County Health Office

County File Number 53/3/221
Date Filed 3-9-53

1953 JUL 8 8 70C SA

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 3319

P. O. Address Joplin 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.