

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21280

State File No.

FILED JUL 6 - 1953

BIRTH NO. REG. DIST. NO. 128

PRIMARY REG. DIST. NO. 2000

Registrar's No. 617

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield,	
c. LENGTH OF STAY (in this place) 8 years		d. STREET ADDRESS (If rural, give location) 707 S. Weller	
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 S. Weller		d. STREET ADDRESS (If rural, give location) 707 S. Weller	
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) Bumgarner	
c. (Last) Bumgarner		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 16, 1860
9. AGE (In years last birthday) Months Days 93 4 13		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In Home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In Home		10b. KIND OF BUSINESS OR INDUSTRY In Home	
11. BIRTHPLACE (State or foreign country) St. Clairsville, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Don Ault		13b. MOTHER'S MAIDEN NAME Ruth Wilkerson	
14. NAME OF HUSBAND OR WIFE W.M. Bumgarner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna B. Gardner Springfield,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis	
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. Amnesia		Mo. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 1950 , 19, to 6/29 , 19 53 that I last saw the deceased alive on 6/27 , 19 53 , and that death occurred at 6:45 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE J. B. Lemmon (Degree or title)		23b. ADDRESS 1101 E. Walnut, Springfield, Mo.	
23c. DATE SIGNED Mo. 26/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE June 30, 1953		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	
24d. LOCATION (City, town or county) (State) St. Clairsville, Ohio		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri	
DATE REC'D BY LOCAL REG. 6-30-53		REGISTRAR'S SIGNATURE Trith Williamson	

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

L. Darlin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.