

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2079

State File No.

No. 300
10.48

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 29

9990

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

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u> b. CITY OR TOWN <u>MEMPHIS</u> c. LENGTH OF STAY (in this place) <u>56 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ c. CITY OR TOWN <u>JAME</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) _____ <u>D 490</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>VANCE</u> c. (Last) <u>BUMBARGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 15, 1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APR 8, 1877</u>	9. AGE (In years last birthday) <u>78</u>	if UNDER 1 YEAR: Months _____ Days _____	if UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PUBLISHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NEWS PAPER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEWIS Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WILLIAM BUMBARGER</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY M. ROBERTS</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA BUMBARGER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul R Bumbarger</u>		ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Myocardite</u>			<u>Months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>also Coronary Thrombus</u> DUE TO (c) _____			<u>3 Mo</u>	
		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"/>	
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)		<u>4201</u>		
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 <u>March 25, 1955,</u> to <u>June 15, 1955,</u> that I last saw the deceased alive on <u>June 15, 1955,</u> and that death occurred at <u>5 P m.,</u> from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Lawrence E. Lowe Do. P.</u>		23b. ADDRESS <u>Memphis Mo.</u>		23c. DATE SIGNED <u>6/18/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-17-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>	24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/18/55</u>	REGISTRAR'S SIGNATURE <u>Vera G. Purrier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Wagner & Sons</u>			
		ADDRESS <u>Memphis Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 1935
JUN 20 1935

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.....
Signature of Student Embalmer

Signed *Neal Payne*.....

Licensed Embalmer No. *255*.....

P. O. Address *Memphis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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