

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21535**

FILED JUN 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lillub</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u> d. STREET ADDRESS (If rural, give location) <u>221 N. 23 St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Mary</u> c. (Last) <u>Bomgardner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10, 1956</u>					
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>March 29, 1878</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>2</u>		11. DAYS <u>11</u>		12. HOURS & MIN. <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Richard Alexander Cullor</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Tillie</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas W. Bomgardner</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>Lola Bomgardner</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of uterus with metastasis into bladder & sigmoid</u> ANTECEDENT CAUSES Morbid 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 <u>174x</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) <u>Unionville, Missouri</u>			
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? <u>June 10, 1956, at 2:55 P. m., from the causes and on the date stated above.</u>			
22. I hereby certify that I attended the deceased from <u>June 10, 1956</u>, to <u>June 10, 1956</u>, that I last saw the deceased alive on <u>June 10, 1956</u>, and that death occurred at <u>2:55 P. m.</u>, from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) <u>Charles L. Field D.O.</u>		23b. ADDRESS <u>Unionville, Missouri</u>	
23c. DATE SIGNED <u>6/13/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 14, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Torrey Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Putnam County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Comstock</u>		25. ADDRESS <u>Unionville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-23-56</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		BY <u>John J. Comstock</u>			

(Licensed Embellisher's Statement on Reverse Side)

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

John N. Comstock

Licensed Embalmer No. *3891*

P. O. Address. *Ligonville, 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.