

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024518

STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 66

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Garland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hot Springs <i>gt 30g</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 607 W. 12th St.		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) Route 7
3. NAME OF DECEASED (Type or print) First LEE Middle Last BUMGARDNER		4. DATE OF DEATH Month July Day 17 Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1918
9. AGE (In years last birthday) 40		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) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Automobile Mechanic	11. BIRTHPLACE (City and state or country) Unknown ⁹
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. NAME OF FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mabel Bumgardner	
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. 492-18-6192	17. INFORMANT Address Mrs. Mabel Bumgardner, Hot Springs, Ark.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 4:00 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles J. Chiles (Degree or title)		22b. ADDRESS Lamar 2760	22c. DATE SIGNED July 17, 58 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-17-1958	23c. NAME OF CEMETERY OR CREMATORY Morning Star Cemetery	23d. LOCATION (City, town, or county) Hot Springs, Arkansas
24. FUNERAL DIRECTOR ADDRESS Caruth Funeral Home, Hot Springs, Ark.		25. DATE RECD. BY LOCAL REG. JUL 17 '58	26. REGISTRAR'S SIGNATURE Marie Konantz

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 *Clarence M. Childs*

Licensed Embalmer No. *3473*
P. O. Address *Lamar 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.