

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023952

FILED JUL 7 1959 Registration District No. 373 Primary Registration District No. 454K STATE FILE NUMBER Registrar's No. 32

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NIANGUA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STRAFFORD RI
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NIANGUA NURSING		Length of stay in lb 6 WKS	d. STREET ADDRESS (If outside, give location) 1120
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROSA Middle Last BUMGARDNER			4. DATE OF DEATH Month JUNE Day 24 Year 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB 23 1886	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME JAMES WOOD		13b. MOTHER'S MAIDEN NAME ANNA GREENLEY		14. NAME OF HUSBAND OLEN	
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.		17. INFORMANT Address LELA NEWCOMER RUSSELL, KANS.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE EXSANGUINATION		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) METASTATIC CARCINOMA OF SIGMOID	
	DUE TO (c) PRIMARY CARCINOMA OF UTERUS	
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 Stamford, Mo.	COUNTY WEBSTER	STATE MO
21. I attended the deceased from 5/1/59 , to 6/24/59 and last saw her alive on 6/22/59 Death occurred at 530 A m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD - 2		22b. ADDRESS		22c. DATE SIGNED 6/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-25-1959	23c. NAME OF CEMETERY OR CREMATORY FALSWORTH	23d. LOCATION (City, town, or county) FALSWORTH, KANS.	(State)
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD		25. DATE, RECD. BY LOCAL REG. 6/25/59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert Barber*

Licensed Embalmer No. *38*
P. O. Address *Atta Grove*

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.