

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002325

FILED VS FEB 10 1960

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 7

STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print)	First William	Middle Emison	Last Bumgarner	4. DATE OF DEATH	Month February	Day 2,	Year 1960
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5. SEX Male	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 Jan. 5, 1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Druggist	10b. KIND OF BUSINESS OR INDUSTRY Drug	11. BIRTHPLACE (City and state or country) Odessa, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James H. Bumgarner	13b. MOTHER'S MAIDEN NAME Frances Emison	14. NAME OF HUSBAND OR WIFE Venita Bumgarner
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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 Mrs. Venita Bumgarner, Odessa, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH immediate
IMMEDIATE CAUSE (a) Coronary embolism	DUE TO (b) Collapsed when he got up 11 PM	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) to get to bath room & died immediately	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) This man had had two previous coronary infarcts	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 min. p.m.	Month, Day, Year	

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 Odessa	COUNTY Mo	STATE Mo
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21. I attended the deceased from many years to 11 PM and last saw her/him alive on 2-1-60
Death occurred at 11 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. M. Merten</i> (Degree or title)	22b. ADDRESS Odessa Mo	22c. DATE SIGNED 2-4-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 5, 1960	23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	23d. LOCATION (City, town, or county) Odessa, Mo.	(State)
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24. FUNERAL DIRECTOR Husman-Sparks, Odessa, Mo.	25. DATE RECD. BY LOCAL REG. 2-4-1960	26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 28 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William T. Sp...

Licensed Embalmer No. 4431

P. O. Address Odessa

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.