MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-000500
STATE FILE NUMBER

FILED VS JAN 31 1961 Taylor

Registration District No. 48 Primary Registration District No. 5173A Registrar's No. 1

WRITE STUB | AMENDED | DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cedar City — Length of stay in 1b 60yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) No Street No — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Callaway
c. CITY OR TOWN Cedar City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Harrison Last Bugbee
4. DATE OF DEATH Month Jan Day 24 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/18/74
9. AGE (last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Callaway County, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Wyman Bugbee
13b. MOTHER'S MAIDEN NAME Virginia Deering
14. NAME OF HUSBAND OR WIFE Nannie Bugbee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Nannie Bugbee, Address Cedar City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma prostate metastasis — INTERVAL BETWEEN ONSET AND DEATH 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis generalized
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1956, to Jan 24/61 and last saw him alive on Jan 24/61
Death occurred at in on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Crean G. Taylor M.D
22b. ADDRESS Jefferson City
22c. DATE SIGNED 1-25-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1/26/61
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
24. FUNERAL DIRECTOR ADDRESS Thorpe J Gordon, Jefferson City, Mo
25. DATE RECD. BY LOCAL REG. 28 Jan 1961
26. REGISTRAR'S SIGNATURE R.P. Dorris, Mrs M Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 6 1965

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 Bill McLaughlin, Student Embalmer No. 620 working under my personal supervision.

Student Bill McLaughlin
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, 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.