

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028200

Registration District No. 3.73 Primary Registration District No. 6265 Registrar's No. 38

STATE FILE NUMBER

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

FILED WITH 17 1961

1. COUNTY Webster

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Webster

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Northview Length of stay in 1b

c. CITY OR TOWN Northview Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Grant Middle Bumgarner Last Bumgarner

4. DATE OF DEATH Month July Day 8 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-23-1896 9. AGE (last birthday) 65 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & barber 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME Jane Bumgarner 14. NAME OF HUSBAND OR WIFE Jessie Bumgarner

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. none 17. INFORMANT Address Mrs. Jessie Bumgarner, Northview, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) SEPSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) METASTATIC UNDIFFERENTIATED CARCINOMA OF LUNG
DUE TO (c) CARCINOMA OF SIGMOID COLON
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes N. 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 Month, Day, Year a.m. p.m.

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 3/5/60 to 7/8/61 and last saw ^{her}him alive on 7/5/61
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Manassas, Mo 22c. DATE SIGNED 7/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 7-11-1961 23c. NAME OF CEMETERY OR CREMATORY Welch Cemetery 23d. LOCATION (City, town, or county) (State) Webster County, Missouri

24. FUNERAL DIRECTOR ADDRESS Rex Rainey, Springfield, Mo. 25. DATE RECD. BY LOCAL REG. 7-12-61 26. REGISTRAR'S SIGNATURE [Signature]

JUL 20 1961

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 Lee M. Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.