FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19108

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union Mo.

c. LENGTH OF STAY (in this place): 1

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 506 Brown St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Franklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union

d. STREET ADDRESS (If rural, give location): 506 Brown St.

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Watters c. (Last) Bumpus

4. DATE OF DEATH (Month) (Day) (Year): June 24th 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: September 3rd 1878

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR: Months 9 Days 21 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cooper Hill Mo ()

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Jeff Bumpus

13b. MOTHER'S MAIDEN NAME: Carolyn Jett

14. NAME OF HUSBAND OR WIFE:

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'S SIGNATURE OR NAME: Charley Jett ADDRESS: Union Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

4221

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17, 1949, *to* June 24, 1949, *that I last saw the deceased alive on* 6-24, 1949, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. H. Steckman (Degree or title):

23b. ADDRESS: Union, Mo

23c. DATE SIGNED: 6-24-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6/26/1949

24c. NAME OF CEMETERY OR CREMATORY: New Bethel

24d. LOCATION (City, town, or county) (State): Bland Mo.

DATE REC'D BY LOCAL REG.: June 25 1949

REGISTRAR'S SIGNATURE: J. T. Cooper, Edna Cooper

25. FUNERAL DIRECTOR'S SIGNATURE: E. F. Oltmann ADDRESS: Union Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 28 1949
District Health Officer No. 9,
District File Number _____

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 _____
Student Embalmer

Signed E. F. Oltmann

Licensed Embalmer No. 1686

P. O. Address Marion Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.