

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42791**  
Registrar's No. **5623**

FILED DEC 15 1953

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5623</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Denver Colorado</b> b. COUNTY <b>Denver</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>2 wks.</b>		c. CITY OR TOWN <b>Denver</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4543 Milwaukee St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>		b. (Middle) <b>W.</b>		c. (Last) <b>Bumgartner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 28 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>		8. DATE OF BIRTH <b>Dec. 22, 1883</b> 9. AGE (In years last birthday) <b>69</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Meat Packing Armour &amp; Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Phillip S. Bumgartner</b>			13b. MOTHER'S MAIDEN NAME <b>Lucinda Deems</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ann Erickson</b> ADDRESS <b>5341 Norwood Kansas City Kans</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asthma, means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anemia</b> ANTECEDENT CAUSES (b) <b>Deephaseleusis</b> DUE TO (c) <b>Diabetes mellitus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>5 years</b> <b>10 years</b>	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>11/14</b> , 19 <b>53</b> , to <b>11/28</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>11/28</b> , 19 <b>53</b> , and that death occurred at <b>4:00 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>P. R. Byers</b> M.D.				23b. ADDRESS <b>4635 Wyandotte, K.C. 2, Mo.</b>		23c. DATE SIGNED <b>11/30/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov 30-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>---</b>		24d. LOCATION (City, town, or county) (State) <b>Denver Colorado</b>	
DATE REC'D BY LOCAL REG. <b>11-30-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fulton Funeral Home</b>		ADDRESS R.C. No. <b>---</b>	

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

Case by Byers  
you best

*Fulton Funeral Home*

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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 *Mr. Ralph Fulton*.....

Licensed Embalmer No. *3035*.....

P. O. Address *H.C.K.*.....

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 42791

State of Kansas }  
 County of Wyandotte } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 5623

On this 21st day of December, 1953, before me appears Mrs. Ann Erickson

, who, upon her oath, states that the original record of <sup>birth-</sup>death for Frank W. Bumgartner died November 28, 53, 1953, in the State of Missouri, and which was filed at Kansas City, Mo. on 11-30, 53, 1953, should be corrected as follows:

Item No. 2 should read State of Colorado, County of Denver,

Instead of State of Denver, County of Arapahoe

Item No. 2 should read part (a) 4543 Milwaukee St.

Instead of This space was left blank

Item No. 8 should read Date of Birth December 22, 1883

Instead of September 22, 1884

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Ann Erickson Sister

Mrs. Ann Erickson, Relationship.

5241 Norwood - K.C., Kans.

Present Address.

Subscribed and sworn to before me this 21st day of December, 1953.

My Commission expires March 24, 1954 Agnes R. Eagle Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

