

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 15777  
1826

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 51 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 61 3650 CHARLOTTE STREET	
3. NAME OF DECEASED (Type or Print) a. (First) BERT b. (Middle) J. c. (Last) BUMGARDNER		4. DATE OF DEATH (Month) (Day) (Year) APRIL 21 1954	
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JAN. 18, 1878
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	11. BIRTHPLACE (City and State or Foreign Country) PERRY, IOWA /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY BLDG. CONTRACTOR	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GEORGE BUMGARDNER		13b. MOTHER'S MAIDEN NAME HATTIE PATTIE	14. NAME OF HUSBAND OR WIFE MAY BUMGARDNER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPANISH AMERICAN		16. SOCIAL SECURITY NO. 497-36-6186	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WRETHA BUMGARDNER, 3650 CHARLOTTE, MO.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis left popliteal artery  INTERVAL BETWEEN ONSET AND DEATH 3 mos  16 1/2 hrs 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 Jan., 1948, to Apr 21, 1954, that I last saw the deceased alive on April 20, 1954, and that death occurred at 4:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE T. Reid Jones		23b. ADDRESS 1107 Bryans bldg	
23c. DATE SIGNED 4-21-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 23 1954	
24c. NAME OF CEMETERY OR CREMATORY FOREST Hill CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 4-23-54		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Newcomer, 1321 BRUSH CREEK Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *John B. Lewis* .....

Licensed Embalmer No..... *487* .....

P. O. Address..... *KC 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.