

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027574

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1872

AMENDED

FILED JUL 19 1961

1. PLACE OF DEATH a. COUNTY Missouri.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis County.		Length of stay in 1b YRS.	c. CITY OR TOWN St. Louis, County.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9600 Glen Owen Dr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9600 Glen Owen Dr.
3. NAME OF DECEASED (Type or print) First Middle Last Earl Bumgardner.			4. DATE OF DEATH Month Day Year July 4 1961.
5. SEX Male	6. COLOR OR RACE White.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-14-97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker.		10b. KIND OF BUSINESS OR INDUSTRY Samuels Shoe Co.	9. AGE (last birthday) 64
11. BIRTHPLACE (City and state or country) Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE Lottie Bumgardner.
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 Lottie Bumgardner 9600 GlenOwen Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emphysema			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
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) Cor pulmonale			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 April 1960 to July 1961 and last saw her/him alive on 7-3-61 . Death occurred at AD 11/4/61 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John W. Kussell (Degree or title)		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 7/6/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-7-1961	23c. NAME OF CEMETERY OR CREMATORY National.	23d. LOCATION (City, town, county) (State) St. Louis, County. MO
24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home. 6322 S. Grand Blvd.		25. DATE RECD. BY LOCAL REG. 7-6-61	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

Dr. Carrey
V.A. Hospital.

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 *Leisel E. Fossan*

Licensed Embalmer No. 4242

P. O. Address St Louis 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.