MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036823 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 971 Primary Registration District No. 1039 Registrar's No. 474

FILED OCT 8 1963

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marceline
Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: Brookfield
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): RFD 1
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First George Middle R. Last Bumgarner

4. DATE OF DEATH: Month October Day 4 Year 1963

5. SEX: M
6. COLOR OR RACE: W
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 4-19-1888
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian, ret.
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Post Office
11. BIRTHPLACE (City and state or country): Purdin, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George K. Bumgarner
13b. MOTHER'S MAIDEN NAME: Martha Lyons
14. NAME OF HUSBAND OR WIFE: Louella -

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.: 493-42-3528
17. INFORMANT Address: Mrs. Louella Bumgarner, Brookfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Peritonitis — Septic Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Partial Intestinal Obstruction
DUE TO (c): Carcinoma Sigmoid
INTERVAL BETWEEN ONSET AND DEATH

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 [ ] No [ ] 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 a.m. p.m. Month, Day, Year
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 10-1-63 to 10-7-63 and last saw her/him alive on 10-7-63
Death occurred at 2 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Thomas, M.D.
22b. ADDRESS: Marceline, Mo.
22c. DATE SIGNED: 10-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 6, 1963
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Mo.

24. FUNERAL DIRECTOR ADDRESS: Wright Funeral Home, Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: 10-6 63
26. REGISTRAR'S SIGNATURE: Verna Watson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0581		
2	0586		
3			
4	0		
5	1		
6			
7	0		
8	0		
9	1533		
10			
11			
12	4-0		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

OCT 22 1963

NOV 6 1963

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 C. W. Wright

Licensed Embalmer No. 5167

P. O. Address Brookfield, 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.