

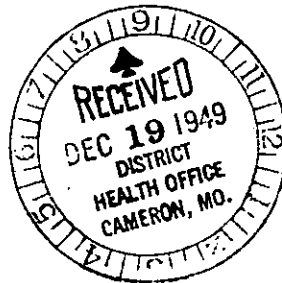
FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH6. Olsen
State File No. **41624**

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|--|--|--|-------------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>184</u> | | PRIMARY REG. DIST. NO. <u>3038</u> | | Registrar's No. <u>241</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> | | c. LENGTH OF STAY (in this place) <u>12 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> | | 58 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLorney Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>217 East Brooks</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>HESTER</u> | | | a. (First) <u>ALICE</u> | | | b. (Middle) <u>BUMGARNER</u> | |
| c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-10-1949</u> | | 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Nov-20-1891</u> | | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>58</u> <u>-</u> <u>20</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rest state dealer</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Purdin Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Beecheridge Presby Pounds</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Alice Cassidy</u> | | 14. NAME OF HUSBAND OR WIFE <u>George R. Bumgarner</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Gene Bumgarner</u> | | ADDRESS <u>Brookfield Mo</u> | | 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acidosis, Diabetic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Diabetic melas</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>?</u> <u>260X</u> <u>2 days</u> | | 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) | |
| 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 <u>Dec 9</u> , 1949, to <u>Dec 10</u> , 1949, that I last saw the deceased alive on <u>Dec 10</u> , 1949, and that death occurred at <u>1:15 P.m.</u> , from the causes and on the date stated above. | | 23a. SIGNATURE <u>Erwin T. Erwin</u> (Degree or title) <u>M.D.</u> | |
| 23b. ADDRESS <u>Brookfield Mo.</u> | | 23c. DATE SIGNED <u>12-13-49</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec-12-49</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u> | | DATE REC'D BY LOCAL REG. <u>12-15-49</u> | | REGISTRAR'S SIGNATURE <u>H. B. Erwin</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Funeral Home</u> | | ADDRESS <u>Brookfield Mo</u> | | (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
Student Embalmer

Signed

J. A. Blacklock

Licensed Embalmer No. *2246*

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