

*FILED*  
NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38194

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 402

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SEDALIA</u>	c. LENGTH OF STAY (in this place) <u>30 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL MEMORIAL HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LILLIAN</u>	b. (Middle) <u>LULA</u>	c. (Last) <u>BAUM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 19, 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>Sept. 12, 1901</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
-----------------	---------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Odessa, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Richard Franklin Corbin</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Ann Catron</u>	14. NAME OF HUSBAND OR WIFE <u>Paul Baum</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Paul Baum., Rt. #1., Sedalia, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage - left middle cerebral artery</u>	ANTECEDENT CAUSES <u>Essential Hypertension</u>	<u>1 year</u>
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____		<u>331X</u>
II. OTHER SIGNIFICANT CONDITIONS <u>multiple uterine fibroids</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Endometrial Polyps.</u>		<u>unknown</u>	

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) _____	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 14 Nov 1949 to 19 Nov 1949, that I last saw the deceased alive on 19 Nov 1949, and that death occurred at 7:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl Diegel M.D.</u>	23b. ADDRESS <u>412 E. Ohio, Sedalia, Mo</u>	23c. DATE SIGNED <u>20 Nov 49</u>
--	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 22 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>11/22/49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Beckhart Sedalia, Mo</u>
--	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—64

RECEIVED NOV 28  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 11-28-49

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 Frank S Coffman Jr

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.