

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19801

State File No. ....

BIRTH NO. 6-12-50 REG. DIST. NO. 92 PRIMARY REG. DIST. NO. 4752 Registrar's No. 38

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dade</u>  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Lockwood</u>   |  | c. LENGTH OF STAY (in this place)<br><u>2 mks.</u>                       | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Miller</u>   |  | B. P. <u>0550</u>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Lockwood</u>  |  |  | d. STREET ADDRESS (If rural, give location)   |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Andrew</u>  |  | b. (Middle) <u>Newton</u>  | c. (Last) <u>Gum</u>  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>6-3-1950</u>                                 |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>W</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>12-23-1872</u>   | 9. AGE (In years last birthday)<br><u>77</u>   | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>11</u>                        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)<br><u>Lawrence Co. Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U</u>                                 |
| 13a. FATHER'S NAME<br><u>George M. Gum</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Margarette Ruark</u>                     | 14. NAME OF HUSBAND OR WIFE<br><u>Fannie Gum</u>  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  | 16. SOCIAL SECURITY NO.<br><u>none</u>                                   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Fannie Gum Miller Mo.</u>   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.<br><u>10 hypertension</u><br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>331X</u>                          |
| 19a. DATE OF OPERATION<br><u>6-12-50</u>  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Leo L. Weir</u>   |  |   |  | 20. AUTOPSY?<br>YES <input 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 <u>3-18-50</u> , 19 <u>50</u> , to <u>6-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-2</u> , 19 <u>50</u> , and that death occurred at <u>1:30</u> p. m., from the causes and on the date stated above. |  |  |   |  |  |
| 23a. SIGNATURE<br><u>L. W. B. Beiswenger</u>  |  |  | (Degree or title)   | 23b. ADDRESS<br><u>Miller 210</u>  | 23c. DATE SIGNED<br><u>6-15-50</u>                                       |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 24b. DATE<br><u>6-6-50</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Round Grove</u>                 |   | 24d. LOCATION (City, town, or county) (State)<br><u>N. W. of Miller Mo.</u>              |  |
| DATE REC'D BY LOCAL REG.<br><u>6-12-50</u>  | REGISTRAR'S SIGNATURE<br><u>Geo. L. Weir</u>   |  | 79  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Morris Herman Funeral Home Miller Mo.</u> |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Please compare and return

No. 300  
10-480290  
D

RECEIVED JUN 19 1950

District Health Office No. 6,

District File Number 650-699

Date Filed 6-19-50

*[Handwritten scribbles]*

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 E. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller 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.