

FILED AUG 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26821  
3450

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>1 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>3211 East 24th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) <b>J.</b> c. (Last) <b>DAUM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 11, 1950</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>7-22-1913</b>	9. AGE (In years last birthday) <b>37</b>	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nat. Machinist School</b>	11. BIRTHPLACE (State or foreign country) <b>Burden, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Haney A. Daum</b>		13b. MOTHER'S MAIDEN NAME <b>Winifred V. Davidson</b>		14. NAME OF HUSBAND OR WIFE <b>Berneice ----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-II</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry G. Daum, 4025 McGee, K.C., Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MULTIPLE FRACTURES OF SKULL</b>			INTERVAL BETWEEN ONSET AND DEATH  <b>2 1/2</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>BRAIN LACERATIONS</b>			
		DUE TO (c) <b>INTERSTITIAL HEMORRHAGE</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>2 car collision</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>123</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>STREET</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>KANSAS CITY, JACKSON, MO.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8-11-50 (4:50 P.M.)</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>AUTO ACCIDENT (TRAUMA)</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title)		23b. ADDRESS <b>1034 Raintop Blvd</b>		23c. DATE SIGNED <b>8-12-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-12-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>---</b>	
				24d. LOCATION (City, town, or county) (State) <b>Cassville, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>8-12-50</b>		REGISTRAR'S SIGNATURE <b>Thereldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mollody-McGilley-Eylar, Kansas City, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG. 28 1950

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

working under my personal supervision.

Student Embalmer No. ....

Signed

*Edw. C. Heck*

Signed.....

Student Embalmer

Licensed Embalmer No. 4063

P. O. Address *Kansas City, 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.