

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34553

State File No. _____

FILED NOV 7 1951

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>342</u>			
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 township) OR TOWN <u>Sedalia</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0814</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1901 East Broadway</u>					
3. NAME OF DECEASED (Type or Print) <u>JAY</u>		a. (First) <u>A</u>		c. (Last) <u>BARNUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October, 29, 1951</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 12, 1881</u>			
9. AGE (In years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machanist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R. R.</u>		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania/</u>			
12. CITIZEN OF WHAT COUNTRY? <u>Mo. Pac. R. R.</u>		13a. FATHER'S NAME <u>Isaac Barnum</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Carl</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Pearl Barnum</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>*****</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lula Pearl Barnum, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>30 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>—</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) <u>—</u>		21d. HOW DID INJURY OCCUR? <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Sept 30</u> , 19 <u>51</u> , to <u>Oct 29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>51</u> , and that death occurred at <u>1:45</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. Edwards M.D.</u>		23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>10/29/51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 31, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>10-31-51</u>		REGISTRAR'S SIGNATURE <u>D. Edwards</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Heckart</u>		ADDRESS <u>Sedalia, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 6 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed NOV 6 - 1951

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

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address

Jupiter, 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.