

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17895

FILED MAY 27 1953

State File No. 2376  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>3728</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>65 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>712 West 48th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial</u>				3. NAME OF DECEASED a. (First) <u>Hilda</u> b. (Middle) _____ c. (Last) <u>Baum</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>5-7-53</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Aug 26, 1882</u>		9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTH PLACE (City and State or Foreign Country) <u>Germany</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Markus Baum</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna</u>		14. NAME OF HUSBAND OR WIFE _____			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arnold Neethamer</u> ADDRESS <u>5743 Halmer</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>Native poison on my Duohie</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Postoperative aft</u> DUE TO (c) <u>Surgery for Carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>in Recto. sigmoid region</u>				INTERVAL BETWEEN ONSET AND DEATH <u>154X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Sigmoid Rectum</u>				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 _____, 19 <u>40</u> , to _____, 19 <u>53</u> , that I last saw the deceased alive on _____, 19 <u>53</u> and that death occurred at _____, <u>6:49 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Fred Irwig</u> (Degree or title) <u>MD MD</u>				23b. ADDRESS <u>1610 Puyser Ave</u>		23c. DATE SIGNED <u>5-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-8-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>KC MO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>5-8-53</u> <u>Deraldine Smith</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE + McCLURE</u> <u>K.C. MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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 Francis J. Walton

Licensed Embalmer No. 2744

P. O. Address KE, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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