

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18439**

FILED JUL 12 1954

BIRTH NO. _____ REG. DIST. NO. **100** PRIMARY REG. DIST. NO. **3018** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. LENGTH OF STAY (in this place) 30yrs	c. CITY OR TOWN Salem
d. FULL NAME OF HOSPITAL OR INSTITUTION X		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		* STREET ADDRESS (If rural, give location) X	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Baum c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 8 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug 18 1883		9. AGE (in years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer		10b. KIND OF BUSINESS OR INDUSTRY Tiner bus.	11. BIRTHPLACE (City and State or Foreign Country) Reynolds Co Mo		12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Frank Baum	13b. MOTHER'S MAIDEN NAME Elizabeth	14. NAME OF HUSBAND OR WIFE XXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489 32 8114	17. INFORMANT'S SIGNATURE OR NAME Mrs Will Cook ADDRESS Salem Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medical Certification cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-8**, 19**54**, to **7-8**, 19**54**, that I last saw the deceased alive on **7-8**, 19**54** and that death occurred at **10 A** m., from the causes and on the date stated above.

23a. SIGNATURE Jes D. Hart (Degree of title) DO, A	23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 7-9-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/10/54	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove	24d. LOCATION (City, town, or county) (State) Salem Mo
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DATE REC'D BY LOCAL REG. 7-9-54	REGISTRAR'S SIGNATURE M. D. Hart	25. FUNERAL DIRECTOR'S SIGNATURE W. D. Spencer ADDRESS Salem Mo
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WRITE 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.....
Signature of Student Embalmer

Signed *Paul K. Gummer*.....

Licensed Embalmer No. *237*.....

P. O. Address *Spring*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.