THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8546

FILED MAR 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 958

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5163 Woodwall Rd. — Length of stay in this place 9½ yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS 5335 The Paseo (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Emma Middle H Last Baum

4. DATE OF DEATH: Month Feb. Day 28 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 7-14-1874

9. AGE (In years last birthday): 85 82 — IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Elementary School Teacher

11. BIRTHPLACE (City and state or country): Paris Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Baum

14. MOTHER'S MAIDEN NAME: Sophie Haas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs. Karl Hirsh — Address: 5335 The Paseo Kansas City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Senility — INTERVAL BETWEEN ONSET AND DEATH: 3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis — 5 years

DUE TO (c) — 334 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from January 1956 to Feb 28, 1957 and last saw her alive on Feb 22, 1957. Death occurred at 7:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jack W. Wolf (Degree or title) M.D. — 22b. ADDRESS 408 E 63 Kansas City Mo. — 22c. DATE SIGNED 3/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE Mar 1-1957 — 23c. NAME OF CEMETERY OR ~~CREMATORY~~ Mt. Hope Cemetery — 23d. LOCATION (City, town, or county) Webb City (State) Missouri

24. FUNERAL DIRECTOR D.W. Newcomer & Son's — ADDRESS 1331 Brush Creek Kc. Mo

25. DATE RECD. BY LOCAL REG. 3/1-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

Jack W. Wolf

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond M. Hardy.....

Licensed Embalmer No. 4.9

P. O. Address Indep.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.