

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017574  
STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 69 Primary Registration District No. 5272 Registrar's No. 120

300  
1-57

970  
3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Polk Twsp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Billings, Rt. #2</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Country road</b>		Length of stay in 1b <b>1 hour</b>	d. STREET ADDRESS (If outside, give location) <b>5 miles SW</b>
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
<b>WENDELL BAUM</b>			Month <b>May</b> Day <b>25</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 24, 1907</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY - - -	9. AGE (In years last birthday) <b>51</b>
11. BIRTHPLACE (City and state or country) <b>Billings, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jake Baum</b>		13b. MOTHER'S MAIDEN NAME <b>Jeanette Frown</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>yes WWII</b>		16. SOCIAL SECURITY NO. <b>495302428</b>	17. INFORMANT <b>Mrs. Josephine Vermule, Billings, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Internal Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>few seconds</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Crushed Chest</b>			
DUE TO (c) <b>Auto Accident</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Broken left femur and right upper arm</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>deceased was thrown under car as was overturning</b>	
20c. TIME OF INJURY <b>2:15 a.m. 5/25/58</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>country road</b>	20f. CITY, TOWN, OR LOCATION <b>Polk Twsp.</b> COUNTY <b>Christian</b> STATE <b>Missouri</b>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jean Harris</i>		22b. ADDRESS <b>Christian Co. Clever, Missouri</b>	22c. DATE SIGNED <b>5/27/1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/27/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>
		23d. LOCATION (City, town, or county) <b>Billings, Missouri</b>	(State)
24. FUNERAL DIRECTOR <i>Jean Harris</i>		25. DATE RECD. BY LOCAL REG. <b>June 4, 1958</b>	26. REGISTRAR'S SIGNATURE <i>Olive Nettles</i>
ADDRESS <b>Clever, Mo.</b>			

JUN 28 1958

JUN 10 1958

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 *J. Sean Harris* .....

Licensed Embalmer No. *4390* .....  
P. O. Address *Clever, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.