

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034242

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 100

Primary Registration District No. _____

Registrar's No. 89

STATE FILE NUMBER

FILED OCT 10 1962

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, give TOWNSHIP only) OR TOWN Salem, Missouri				Length of stay in 1b 2 Wks.		c. CITY OR TOWN Salem, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Hospital, Salem, Mo.				Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) Salem, Missouri	
3. NAME OF DECEASED (Type or print) First Roy Middle A. Last Baum				4. DATE OF DEATH Month Oct. Day 5 Year 1962			
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 11-24-1891	
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Dent County, Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME Jim Baum				13b. MOTHER'S MAIDEN NAME Elizabeth Kell		14. NAME OF HUSBAND OR WIFE Etta Burrus	
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. x		17. INFORMANT Stanley Baum, Salem, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease (410-516) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		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 <u>10/30/50</u> to <u>10/5/62</u> and last saw him alive on <u>10/5/62</u> Death occurred at <u>7:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Martin Hart M</i> (Degree or title)				22b. ADDRESS <i>Salem, Missouri</i>		22c. DATE SIGNED <u>10/6/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-7-1962		23c. NAME OF CEMETERY OR CREMATORY Corinth Cemetery		23d. LOCATION (City, town, or county) (State) Dent County, Missouri	
24. FUNERAL DIRECTOR SPENCER FUNERAL HOME INC. Salem, Mo.				25. DATE RECD. BY LOCAL REG. <u>10/6/62</u>		26. REGISTRAR'S SIGNATURE <i>M. M. Hart M.D. by A.M.</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBONVS 300
Rev. 4/59103312331

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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 _____

Licensed Embalmer No. 2370

P. O. Address Salmon, 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.