MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002879
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 16

FILED FEB 5 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0522		
2	8/20/2		
3			
4	0		
5	1		
6			
7	1		
8	2		
9	7/20.1		
10			
11			
12	91-3		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Louisiana
Length of stay in 1b: 30 Min.
c. FULL NAME OF HOSPITAL OR INSTITUTION: Highway 79
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill. b. COUNTY: Adams
c. CITY OR TOWN: Quincy
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 117 N. 3rd Street
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First MELVIN Middle PETER Last BAUM

4. DATE OF DEATH: Month Jan. Day 28 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married X Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-20-1900

9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months 6 Days 8
IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Steel Company

11. BIRTHPLACE (City and state or country): Quincy, Ill.

12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: Ambrose Baum

13b. MOTHER'S MAIDEN NAME: Gurtrude Gallagher

14. NAME OF HUSBAND OR WIFE: Leta Baum

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.: 327 05 5221

17. INFORMANT: Leta Baum, Quincy, Ill. (Address)

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): Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arted-Sclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: ?

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 X

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 ___ to ___ and last saw ~~him~~ dead on Jan 28
Death occurred at 12:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J.O. Mudd (Degree or title): Coroner

22b. ADDRESS: Bowling Green, Mo.

22c. DATE SIGNED: Jan 29 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jan 29 63

23c. NAME OF CEMETERY OR CREMATORY: Greenmount

23d. LOCATION (City, town, or county) (State): Quincy Ill.

24. FUNERAL DIRECTOR ADDRESS: J.O. Mudd Bowling Green, Mo.

25. DATE RECD. BY LOCAL REG.: 1-29-63

26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1963

FEB 28 1963

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 James A. Musil

Licensed Embalmer No. 4152

P. O. Address Bowling Green, 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.