

CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUD

VS 300  
Rev. 1/68

Registration District No. 137 Primary Registration District No. Registrant's No.

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Kenneth Dwight Baum			Male	3. Oct. 19, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—(LAST BIRTHDAY (YEARS) MOS. DAYS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 11	5b.	6. Nov. 28, 1956	7a. Henry
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. Urich		7c. No	7d. RFD 1, Urich, Mo.	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Kansas	9. USA	10. Single	11. None	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY		
12. none	13a. Student	13b. School		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri	14b. Henry	14c. Urich	14d. no	14e. RFD 1
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Kenneth Solmon Baum		16. Carol L. Beck		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs Carol Kimball		17b. RFD 1 Urich, Mo. 64788		
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Non Natural Causes		Immediate
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (DO NOT STATE THE UNDERLYING CAUSE LAST)		(b) Gun Shot wound of Head with Compound Skull Fracture		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (DO)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
21a. No		21b. No		21c. No
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a. Accident	20b. 10-19-68	20c. 7:30 P.M.	20d. Accidental Gun Shot wound	
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e. No	20f. R.F.D Urich Mo	20g. RFD 1	20h. Urich Mo	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. I ATTENDED THE DECEASED FROM	21b. unattended	21c. 10-19-68	21d. 7:30 P.M.	21e. 10-21-68
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
22a. Richard H. King M.D.	22b. Richard H. King M.D.	22c. M.D.	22d. 10-21-68	
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE	
23a. Henry County Coroner	106 S. 3rd	Clinton	Mo 64735	
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE	
24a. Removal	24b. Natoma	24c. Natoma, Kansas		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. Oct. 22, 1968	24e. Snow's Funeral Home, P.O. Box 12, Urich, Mo. 64788			
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR		
25a. M. L. Snow	25b. M. L. Snow	25c. 10-21-68		

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

IAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 0  
10a. 11  
10b.  
11. 1  
12. 0  
13. 9229  
14.  
15. 9  
16. 28  
17. 042  
18. 0  
19. CREDITS  
20. 1-0

RECEIVED OCT 8 1968

NOV 14 1968

NOV 9 1968

### 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 Merle D. Snow

Licensed Embalmer No. 4034-1960

P. O. Address Urich, Mo. 64788

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.

Permit Obtained

10-21-68

MB