S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 3 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 41376

Registrar's No. 1063

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 4 hours (Specify whether years, months or days)
In this community: 16 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 1020 North Clay Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CASSIE DAUM
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Paul Daum
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: July (Month) 19, (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	4	19	hr. min.

9. Birthplace: Jefferson County, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home Makeing
FATHER
12. Name: Silas Hutson
13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name: Elizabeth Shaw
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Mrs. Winnie Page (Daughter)
(b) Address: 1020 North Clay Avenue, City
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/10/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Topeka, Kansas
18. (a) Signature of funeral director: Alma Lohmeyer Fun'l Home
(b) Address: Springfield, Missouri
19. (a) 12-19-47 (Date received local registrar) (b) M. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8, year 1947 hour 6: minute 20 P. M.

21. I hereby certify that I attended the deceased from December 5, 1947 to December 8, 1947; that I last saw her alive on December 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio-sclerotic Heart Disease	
Due to: Probable Carcinoma of Colon	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: R. F. Eckles (M. D. or other)
Address: Med. Arts Bldg, Spfgld, Mo Date signed 12/9/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Lee Mason, Registered Apprentice No. 477, working under my personal supervision.

Signed Jewell E. Mundy

Licensed Embalmer No. 2831

P. O. Address Springfield, Missouri

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 this body is not embalmed, fact should be so stated above.