

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12564**

BIRTH NO. **FILED APR 29 1954** REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **3037** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give town) Mt. Vernon	c. LENGTH OF STAY (in this place) 85 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 211 South Vine, Mt. Vernon Mo		d. STREET ADDRESS (If rural, give location) 211 South Vine 0550	

3. NAME OF DECEASED (Type or Print) a. (First) J. B. b. (Middle) - (Jake) c. (Last) Gum - Sr.	4. DATE OF DEATH (Month) (Day) (Year) April - 22 - 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov - 22 - 1868	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchmaker	10b. KIND OF BUSINESS OR INDUSTRY Jeweler	11. BIRTHPLACE (State or foreign country) Lawrence Co., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.C.
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13a. FATHER'S NAME James H. Gum	13b. MOTHER'S MAIDEN NAME Anise Underwoods	14. NAME OF HUSBAND OR WIFE Mrs. Paul Gum
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME J. B. Gum Jr. - Mt. Vernon Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion.		INTERVAL BETWEEN ONSET AND DEATH 7 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chn. Myocardites		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21H. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3/7 1954** to **4/22 1954**, that I last saw the deceased alive on **4/24 1954**, and that death occurred at **3P m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Paul Handwerker	23b. ADDRESS Mt. Vernon, Mo.	23c. DATE SIGNED 4/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 25 1954	24c. NAME OF CEMETERY OR CREMATORY L.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Louis - SW Mt. Vernon Mo
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DATE REC'D BY LOCAL REG. 4-24-54	REGISTRAR'S SIGNATURE Paul Handwerker	25. FUNERAL DIRECTOR'S SIGNATURE J. B. Gum Jr. - Mt. Vernon Mo	ADDRESS
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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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

A. D. Fossett

Licensed Embalmer No. 2201

P. O. Address W. Verman

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.