

no. 300  
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FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36787

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4823

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Labette</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Parsons</u>	
c. LENGTH OF STAY (in this place) <u>8 da</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>			
STREET ADDRESS (If rural, give location) <u>1427 Thornton St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u>	b. (Middle) <u>B</u>	c. (Last) <u>Clum</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 8 55</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-20-99</u>	9. AGE (In years last birthday) <u>55</u>	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) <u>STEAM FITTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas Ordnance Plant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin, Missouri</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Bert Clum</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Spriggs</u>	14. NAME OF HUSBAND OR WIFE <u>CARRIE CLUM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>51-09-3097</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carrie Clum, Parsons, Kansas</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Coronary Thrombosis</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	II. OTHER SIGNIFICANT CONDITIONS <u>Post-op gastrostomy</u>		<u>5 days</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>5410</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Duodenal ulcer</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Pathologist, 1955, that I last saw the deceased alive on 19, and that death occurred at m from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. C. Helwig M.D.</u>	23b. ADDRESS <u>St. Lukes Hosp.</u>	23c. DATE SIGNED <u>Nov. 8 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Parsons, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>11-9-55</u>	REGISTRAR'S SIGNATURE <u>new Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gater Funeral Home</u>	ADDRESS <u>L.S. Kans.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
*Joseph M McCarthy*

Licensed Embalmer No. *469*

P. O. Address *K.C. 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.