

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

20395

 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2658

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> <u>3228</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1231 Hardesty</u>		Length of stay in lb <u>66yrs</u>	d. STREET ADDRESS ### <u>1231 Hardesty</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Robert Franklin Baum</u> <i>First Middle Last</i>			4. DATE OF DEATH <u>June 16, 1956</u> <i>Month Day Year</i>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 19, 1890</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Month <u>06</u> Days <u>00</u> Hours <u>00</u> Min. <u>00</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photo Engraver (ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K. C. Star</u>	11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo. Jackson</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Chester Robert Baum</u>			14. MOTHER'S MAIDEN NAME <u>Gladice Bailey</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>486-07-5587A</u>	17. INFORMANT <u>Mrs. Elvira Baum 1231 Hardesty</u> <i>Address</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture of aneurysm of thorac. aorta</u> DUE TO (b) <u>aneurysm of aorta</u> DUE TO (c) <u>022x</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>6-16-56 7-8 P.M.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>7-8 P.M.</u> Month <u>6</u> Day <u>16</u> Year <u>1956</u> a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from <u>3-3-56</u> to <u>6-16</u> and last saw <u>per</u> him alive on <u>6-15-56</u> Death occurred at <u>7-8 P.M. 6/16</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>A. Saladino, M.D.</u> (Degree or title)		22b. ADDRESS <u>1040 Argyle Hwy</u>	22c. DATE SIGNED <u>6-18-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 19, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>Sheil Funeral Home 6606 Inden Ave</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>6-18-56</u>	26. REGISTRAR'S SIGNATURE <u>Neval Marshall</u>	

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diseases in Part I must be causally related. Coroner cannot certify to natural causes.

USE ONLY BLACK-INK OR RIBBON TYPEWRITE IF POSSIBLE

 MEDICAL CERTIFICATION
A. Saladino

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 *Thomas A. Sheit*

Licensed Embalmer No. 4..

P. O. Address *P. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.