

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021872
STATE FILE NUMBER

FILED JUL 14 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 329

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's		d. STREET ADDRESS 611 Jackson	
3. NAME OF DECEASED (Type or print) First Sarah Middle BAUM Last BAUM		4. DATE OF DEATH Month June Day 30 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 15, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Lublin, Poland
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Harry Baum
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Jean Pearlman Joplin, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral accident DUE TO (c) General arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH sudden 10 days. 10 years.
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 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 a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6-20-59 to 6-30-59 and last saw her alive on 6-30-59 Death occurred at 10:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>S. D. Moore M.D.</i>		22b. ADDRESS 308 F.R.L. Bldg., Joplin, Mo.	
22c. DATE SIGNED 7-6-59		22d. LOCATION (City, town, or county) (State) WEBB CITY Joplin, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 2, 1959	
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope		23d. LOCATION (City, town, or county) (State) WEBB CITY Joplin, Missouri	
24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Joplin, Missouri		25. DATE RECD. BY LOCAL REG. 7-9-1959	
26. REGISTRAR'S SIGNATURE <i>Doore Merriam</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Occur, counter, etc. must use only standard nomenclature in item 1b. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Robert C. Faller*

Licensed Embalmer No. *5062*

P. O. Address *Spokane, W.A.*

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.