

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005254

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 794

STATE FILE NUMBER

**FILED VS MAR 3 1961**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b Unknown  
 c. FULL NAME OF (If NOT in hospital, give death) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1235 Penn Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Loretta Middle Baum Last Baum 4. DATE OF DEATH Month 2 Day 15 Year 61

5. SEX female 6. COLOR OR RACE white 7. Married  Widowed  Never Married  Divorced  8. DATE OF BIRTH 8-19-1930 9. AGE (last birthday) 30  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Arkansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Cantrell 13b. MOTHER'S MAIDEN NAME Florida McFarland 14. NAME OF HUSBAND OR WIFE Clyde Baum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Gen. Hosp. Records, K.C., Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Carcinoma of the liver  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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. Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-9-61 to 2-15-61 and last saw her alive on 2-15-61  
 Death occurred at 12:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 2-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 2-15-61 23c. NAME OF CEMETERY OR CREMATORY - 23d. LOCATION (City, town, or county) (State) Garnett, Kansas

24. FUNERAL DIRECTOR Stine & McChure, Kansas City, Mo ADDRESS 2-15-61 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF DOCUMENT

BY AFFIDAVIT OF Frank Ellis

STATEMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

**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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.