

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-048396**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB  
 AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 211

STATE FILE NUMBER

**FILED DEC 23 1963**

VS 300 Rev. 4/59	DATE AMENDED
1 <u>0495</u>	
2 <u>0490</u>	
3 <u>2</u>	
4 <u>0</u>	
5 <u>1</u>	
6	
7 <u>1</u>	
8 <u>2</u>	
9 <u>177X</u>	
10	
11	
12 <u>1-2</u>	
13 <u>1-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Webb City</b>		Length of stay in 1b <b>1 Wk.</b>	c. CITY OR TOWN <b>Cartersville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>139 E. Hall Street</b>
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>Phillip</b> Last <b>Baum</b>		4. DATE OF DEATH Month <b>December</b> Day <b>15</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/26/1878</b>
9. AGE (last birthday) <b>85</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Webb Corp.</b>	11. BIRTHPLACE (City and state or country) <b>German Town, Wis.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Frank Baum</b>	
13b. MOTHER'S MAIDEN NAME <b>Fredericka Bartell</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Lynn Daum</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mrs. Lynn Baum, Cartersville, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b> DUE TO (b) <b>Post surgical 36 hrs</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Adenocarcinoma prostate</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. 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 <b>Cartersville Mo</b>	
20g. COUNTY <b>Jasper</b>		20h. STATE <b>Mo.</b>	
21. I attended the deceased from <b>1955</b> , to <b>death</b> and last saw her/him alive on <b>12-15-63</b> Death occurred at <b>6:00 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Cartersville Mo</b>	
22c. DATE SIGNED <b>12-19-63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>12-17-63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Cartersville Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Cartersville</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <b>Hedge-Lewis Funeral Home</b>		25. DATE OF LOCAL REG. <b>12-19-63</b>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 20 1964

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0460

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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 *[Handwritten Signature]*

Licensed Embalmer No. 4561

P. O. Address Wald 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.