

REC'D SEP 2 1 1938

Dr. Hogg

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28888  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 315  
(b) Township Springfield, Mo. Primary Registration District No. 2001  
(c) City Springfield, Mo. (d) Street No. Springfield Baptist Hospital Registered No. 614  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Fred Bastian 235  
(a) Residence, No. 923 S. Jefferson St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa A. Bastian  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 4 6  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Telegraph Engineer  
10. Date deceased last worked at this occupation (month and year) H. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena, Ill.

FATHER 13. NAME Thomas Bastian

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Ann Burton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Thomas Bastian  
Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Aug 6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Lohmeyer  
Springfield, Mo.

20. FILED Aug 6 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1938, to Aug 5 1938  
I last saw him alive on Aug 5 1938. Death is said to have occurred on the date stated above, at 9 A. m.  
The principal cause of death and related causes of importance were as follows:

Senility (76) Arterio-sclerosis - Diabetes -  
Date of onset

Other contributory causes of importance: 54

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Typh Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Farrell Hogg, M. D.  
(Address) Springfield, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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, Yes

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed

Lincoln Gorman

Licensed Embalmer No.....

3177

P. O. Address

Springfield, 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 this body is not embalmed, above space should be left blank.**