

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25470**

Registration District No. **447 478** Primary Registration District No. **200 5602** Registrar's No. **68**

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **Rural**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 years**
In this community **30 years**
(Specify whether years, months or days)

3. (a) PRINT

FULL NAME **David Malvin Bash**

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex **Male**

5. Color or

race **White**

6. (a) Single, widowed, married,

2 divorced **Widowed**

6. (b) Name of husband or wife

Alice Bash

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased **September 8th, 1859**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81

10

19

hr. min.

9. Birthplace **Clark County**

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name **William Bash**

13. Birthplace **Clark County**

(City, town, or county)

Missouri

(State or foreign country)

14. Maiden name **Riddle Brown**

15. Birthplace **Clark County**

(City, town, or county)

Missouri

(State or foreign country)

16. (a) Informant **Oscar M. Bash**

(b) Address **Living mo.**

17. (a) **Burial**

(Burial, cremation, or removal)

(b) Date thereof **7/29/41.**

(Month) (Day) (Year)

(c) Place: burial or cremation **Midway**

18. (a) Signature of funeral director **A. H. Roberts**

(b) Address **La Grange, Mo.**

19. (a) **7/29/41**

(Date received local registrar)

(b) **P. W. Jennings**

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**
(c) City or town **Rural**
(If outside city or town limit, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1941** hour **1:30** minute **P.**

21. I hereby certify that I attended the deceased from

19 to 19

that I last saw him alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death

Heart Failure

Due to **Coronary thrombosis**

Due to **94%**

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **W. S. Kelly** (M.D. or other)

Address **Canon mo** Date signed **7/27/41**

RECEIVED

District Health Officer No. 10

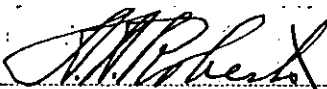
District File Number 8-41-1470

Date Filed AUG 13 1941

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 _____

A.A. Roberts, Registered Apprentice No. _____
working under my personal supervision.

Signed 

Licensed Embalmer No. 1626

P. O. Address La Grange, 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.