

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19313
State File No. 19313
Registrar's No. 42

Registration District No. 140

Primary Registration District No. 3024

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community All his life
years, months or days)

3. (a) PRINT FULL NAME William Crewdson Baskett

3. (b) If veteran, name war ---- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Emma Hall 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Jan. 23, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 3 hr. min.

9. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ----

MOTHER FATHER { 12. Name Robert Waller Baskett
13. Birthplace Charletville Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Emeline Sabree
15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret B. Stegner
(b) Address 514-6th St. Boonville Mo.
17. (a) Burial (b) Date thereof 6/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cem. Howard

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Mo.

19. (a) 7-3-1948 (b) Dorothy Penn Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. 105 West Davis
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1948 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from June 1
1948 to June 26 1948
that I last saw him alive on June 26 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary occlusion & whis.
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 940
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?
Co.

(Specify type of place)
While at work? (c) Means of injury Car
23. Signature W. H. G. M. D. (M. D. or other)
Address Fayette, Mo. Date signed 6-29-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-14-48

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

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

Signed

Ralph A. Carr

Licensed Embalmer No.

3340

P. O. Address

Dayette 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, fact should be so stated above.