

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15094

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SEMO Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>811 North Park</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u>	b. (Middle) <u>P</u>	c. (Last) <u>BASHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 21-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 14-1877</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work hope during most of adult life, even if unpaid) <u>Retired Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Brownsville Ky</u>	12. CITIES OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>James Basler</u>	13b. MOTHER'S MAIDEN NAME <u>Marion Fustus</u>	14. NAME OF HUSBAND OR WIFE <u>Walter Basler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u> <u>W.W.I</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Basler</u>	ADDRESS <u>Cape Girardeau</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Both leg broken - shock.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9:45</u> <u>20</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>811 N. Park</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Cape Girardeau MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-21-49-7P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tornado</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. H. Drisker</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>H. S. Pacific Cape Girardeau</u>	23c. DATE SIGNED <u>5/21/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>May 23 1949</u>	24c. NAME OF CEMETERY OR GREGMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-22-49</u>	REGISTRAR'S SIGNATURE <u>G. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Howell</u>	ADDRESS <u>Cape Girardeau</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MALE

No. 300
10.48

16
4

RECEIVED

Health Officer No. 4

File Number 549-7

Date filed 5-31-49

MAY 14 1949

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.

Signed W. H. Estes

Signed _____
Student Embalmer

Licensed Embalmer No. 3568

P. O. Address Capitol Hill

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.