

No. 300
10.48

FILED JUN 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 16862

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6968 Registrar's No. 39

1. PLACE OF DEATH
 a. COUNTY **Platte**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural (Carroll Twp.)**
 c. LENGTH OF STAY (in this place) **2**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not a hospital or institution, give street address or location) **City on Highway 71**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Nebraska** b. COUNTY **Omaha**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Omaha**
 d. STREET ADDRESS (If rural, give location) **624 No. 33 St.**

3. NAME OF DECEASED
 a. (First) **Cloid** b. (Middle) **E.** c. (Last) **Bass**

4. DATE OF DEATH (Month) (Day) (Year)
May 21, 1949

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Mar. 27, 1900

9. AGE (In years last birthday) **49**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Whse. Foreman

10b. KIND OF BUSINESS OR INDUSTRY
Grocery

11. BIRTHPLACE (State or foreign country)
Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
James A. Bass

13b. MOTHER'S MAIDEN NAME
May Beckley

14. NAME OF HUSBAND OR WIFE
Lila Conn Bass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Unknown

16. SOCIAL SECURITY NO.
506-01-7374

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Lila C. Bass Omaha, Neb.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Basal Skull Fracture**
 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.

INTERVAL BETWEEN ONSET AND DEATH
4.6
8:24

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway 71

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Carroll Twp. Platte Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
5-21-49 9p. m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Car Wreck - Coll. with M. vch.

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Tom H. Hulet Coroner 3

23b. ADDRESS
Platte City, Mo.

23c. DATE SIGNED
5-23-49

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
5-23-49

24c. NAME OF CEMETERY OR CREMATORY
Lamar Cemetery

24d. LOCATION (City, town, or county) (State)
Lamar, Mo.

DATE REC'D BY LOCAL REG.
5-23-49

REGISTRAR'S SIGNATURE
Bphia Rallins 257

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Hollins & Mitchell, Platte City, Mo.

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

JUN 1 RECD

RECEIVED
DEC 29 1946

District Health Officer No. 8,

District File Number

Date Filed

6-1-49

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

ROLAND M. GIFFEE

Student Embalmer No. 260

working under my personal supervision.

Student *Roland M. Giffee*
Student Embalmer

Signed *J. W. Brill*
Licensed Embalmer No. 832
P. O. Address *Weston W.V.*

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.