

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23236

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peace Valley</u>		46 0 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Plains, Hosp.</u>			d. STREET ADDRESS <u>R 2 D</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>William</u> c. (Last) <u>Baser</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-14-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1-18-1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Month Day <u>5 26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Stoneport, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Hessent Grace</u>		13b. MOTHER'S MAIDEN NAME <u>Cynthia Camden</u>	14. NAME OF HUSBAND OR WIFE <u>D. S. Baser</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dated service)		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. S. Baser</u>		
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) <u>Shock</u>			INTERVAL BETWEEN ONSET AND DEATH <u>✓</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of head of R femur</u>			69030
		DUE TO (c) _____			20
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Peace Valley Howell MO</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 13 49 10 a.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on concrete</u>		
22. I hereby certify that I attended the deceased from <u>6/13</u> , 19 <u>49</u> , to <u>6/14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6/14</u> , 19 <u>49</u> , and that death occurred at <u>6:15</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Maurice Thompson</u>			23b. ADDRESS <u>West Plains MO</u>		23c. DATE SIGNED <u>7/15/49</u>
24a. BURIAL, CREMATION, REMAINS (Specify) <u>18</u>	24b. DATE <u>6/17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pennells Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Peace Valley MO</u>	
DATE REC'D BY LOCAL REG. <u>7-20-49</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains, MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

.300
-4846
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RECEIVED 7-25-49
District Health Officer No. 5,
District File Number. 249.549
Date Filed 7-25-49

REC 22 1949

SEP 1 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.

Student
Student Embalmer

Signed

L. D. Robertson

Licensed Embalmer No. 3437

P. O. Address West Haven

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.