

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23297

3184

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN K.C.		HI 48	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1514 E 24th Terrace				d. STREET ADDRESS (If rural, give location) 1514 E. 24th Terrace			
3. NAME OF DECEASED (Type or Print) James		a. (First)		b. (Middle)		c. (Last) Bashears	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar		8. DATE OF BIRTH June 26, 1873	
9. AGE (In years last birthday) 76 yrs		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Columbia, Mo. O	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Scott Bashears		13b. MOTHER'S MAIDEN NAME Amanda Akers		14. NAME OF HUSBAND OR WIFE Addie Bashears	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Addie Bashears		ADDRESS K.C. Mo.	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach 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 _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 10 days 20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from July 10, 1949, to July 20, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE J. Arthur Hibbler (Degree or title) M.D.	
23b. ADDRESS 1434 _____		23c. DATE SIGNED 7-22-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-49	
24c. NAME OF CEMETERY OR CREMATORY Highland Cem.		24d. LOCATION (City, town, or county) Kansas City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Adkins Bros. Funeral Home		ADDRESS _____	
DATE REC'D BY LOCAL REG. 7-23-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Adkins Bros. Funeral Home		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Kenneth Kardard

Licensed Embalmer No. *4437*

P. O. Address _____

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.