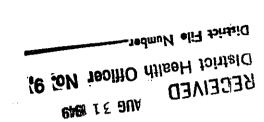
		THE DIVISION OF HEA			019/14 R	
FILES SEP 1	1949	STANDARD CERTIFI		~~~~		
BIRTH NO		_ REG. DIST. NO. 207	RIMARY REG. DIST. N	10.5 755 Registrar's No.	22	
1. PLACE OF DEA	тн laries		a. STATE Misso	NCE (Where deceased lived. If ins b. COUNTY M	ditution: residence before admission).	
b. CITY (If outside co	rporate limits, write R	township) DIAY (in this place)	OR	rate limits, write RURAL and give town	ehip) O	
TOWN Rur		SON 62 yrs.	d. STREET	L Jackson (If rural, give location)		
HOSPITAL OR INSTITUTION			ADDRESS			
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month) OF DEATH 8	(Day) (Year)	
(Type or Print),	Hilka	C	Bassett		20 1949	
5. SEX Female 6.	COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Breedfy)	8. DATE OF BIRTH 2/9/1887	9. AGE (In years if there last birthday) 62 6		
10a USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State of	r foreign equatry)	12. CITIZEN OF WHAT COUNTRY?	
done during most of gorki	ng Ufe, even if retired) }	DUSTRY	Vienna, Mi	ssouri ///	U. S. A.	
3a. FATHER'S NAME		13b. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBAND OR WIF	E	
John H	Waidelich	Maggie Osen	dorf	Frank Bassett		
15. WAS DECEASED EVE (Yee, no. or unknown) (If				SIGNATURE OR NAME	ADDRESS	
No		MEDICAL C	Mrs Frank ERTIFICATION	<u>Bassett, Vienna, M</u>	I INTERVAL BETWEEN	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR C	CONDITION DING TO DEATH*(a) Type I	ensure He	art disease	not known	
	ANTECEDENT C	CAUSES (V		in [†] iit		
*This does not mean the mode of dying, such	Morbid condition	ns, if any, gioing DUE TO (b)		mark . The same state of the s	- 	
as heart failure, asthenia, etc. It means the dis-	rise to the above of the underlying ca	cause (a) mainin				
ease, injury, or complica- tion which caused death.	II. OTHER SIGNI	IFICANT CONDITIONS			1111	
		ibuting to the death but not case or condition causing death.		·	1445%	
19a. DATE OF OPERA-		IDINGS OF OPERATION	-		20. AUTOPSY1	
	<u> </u>	21b. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, OR T	OWNSHIP) (COUNTY)	(STATE)	
21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	home, farm, fastory, street, office bldg., etc.)		, , , , , , , , , , , , , , , , , , , ,	•	
21d. TIME (Month) OF INJURY	(Day) (Year)	(Hour) 21e. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR7		
		the deceased from Aug 23	, 1948, to _as	causes and on the date state		
alive on Aug	7 , 19_7	(9, and that death occurred at (Degree or title)	23b. ADDRESS ₁	V CAMOCA WHA UN THE WATE STATE	23c. DATE SIGNED	
23a. SIGNATURE	and I	· Vand mill	Jeff	eum (ity, Ms.	8-23-49	
24a. BURIAL, CREMA	\	24c. NAME OF CEMETER	· · · · · · · · · · · · · · · · · · ·	Ad. LOCATION (Olty, town, or cou		
Burial	8/22/1		tery	Near Vienna, Mari		
DATE REC'D BY LOCA	L REGISTRAR'S	SIGNATURE // 188	25. FUNERAL DIRECT		DDRESS	
8-26-49 Fauline Howard o Fred H. Gilbert, Dixon, Missouri						
(Licensed Embalmer's Statement on Reverse Side)						



676	
7,40	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate was embalmed by me, or by
araskina undas mu assasas laurassidi	Student Embalmer No

king under my personal supervision.

Licensed Embalmer No. 4505 Student Embalmer P. O. Address Dixon, Missouri

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.