

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1977

0804

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

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>				
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>20</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2301 West 4th</u>				d. STREET ADDRESS (If rural, give location) <u>301 West 4th</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADE</u> b. (Middle) <u>DEE</u> c. (Last) <u>BASLEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9, 1950</u>					
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>March 26, 1884</u>		
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR <u>9</u> Months <u>13</u> Days		IF UNDER 1 HRS. <u>13</u> Hours <u>13</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Baslee</u>			13b. MOTHER'S MAIDEN NAME <u>Evaline Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Annie H. Baslee</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Annie Baslee, 301 West 4th, Sedalia, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arterio Sclerosis & hypertension</u> 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 <u>4201</u>	
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)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan 7, 1950</u> , to <u>Jan 9, 1950</u> , that I last saw the deceased alive on <u>Jan 9, 1950</u> , and that death occurred at <u>3 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. Boger M.D.</u>				23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>1-10-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1/10/50</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>251</u> ADDRESS <u>Sedalia, Mo.</u>				

RECEIVED JAN 16

District Health Officer No. 8,

District File Number _____

Date Filed 1-18-50

J. Baker
627

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 R. E. Baker, 2419

Licensed Embalmer No. Sedalia

P. O. Address 24 Sedalia

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.