

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19825

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5399 Registrar's No. 3435

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>Crossroads-R-Campbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Crossroads, rural, Campbell</u>	
c. LENGTH OF STAY (in this place) <u>68</u>		d. STREET ADDRESS (If rural, give location) <u>0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u> b. (Middle) <u>Everett</u> c. (Last) <u>Bass</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3-26-82</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm owner</u>	11. BIRTHPLACE (State or foreign country) <u>Fairgrove, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lum Bass</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah V. -----</u>	14. NAME OF HUSBAND OR WIFE <u>Fanny Bass</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mae Kelly, Roy, Missouri</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>Cancer of bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Heart Failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>June 10 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
19a. DATE OF OPERATION <u>June 10 1950</u>		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>Nov 20, 1948</u> , to <u>5-14, 1950</u> , that I last saw the deceased alive on <u>5-14, 1950</u> and that death occurred at <u>2:15 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Shannon</u> (Degree or title)		23b. ADDRESS <u>Ava, Mo.</u>	
23c. DATE SIGNED <u>5/16/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-17-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Uniongrove</u>		24d. LOCATION (City, town, or county) (State) <u>Roy, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 10-50</u>		REGISTRAR'S SIGNATURE <u>Vestal Beal</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frankingbeard</u>		ADDRESS <u>Funeral Home, Ava, Mo.</u>	

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

RECEIVED JUN 13 1950  
District Health Office No. 6,  
District File Number 650-694  
Date Filed 6-16-50

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 \_\_\_\_\_

Lytle G. Clinkingbeard Student Embalmer No. 373  
working under my personal supervision.

Student Lytle G. Clinkingbeard Signed Charles R. Fish  
Student Embalmer

Licensed Embalmer No. 4662

P. O. Address Ava, Mo.

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.