

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20014

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Fayette Mo.</u>	c. LENGTH OF STAY (in this place) <u>2 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Mountains</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Fayette Mo. 0450</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George Samuel</u> b. (Middle) <u>Bassey</u> c. (Last) <u>Bassey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12-1950</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>June 30-1868</u>
9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sawyer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Michael Bassey</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Earl E. Johnson</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Earl E. Johnson</u>
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>-</u>	
		DUE TO (c) <u>-</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>1950</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>-</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>June 11, 1950</u> , to <u>June 12, 1950</u> that I last saw the deceased alive on <u>June 12, 1950</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. David M. ...</u>		23b. ADDRESS <u>Fayette Mo.</u>	23c. DATE SIGNED <u>6-15-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-15-50</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shue</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.L. Hall New Franklin Mo.</u>	

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

0451  
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6-20-50  
**RECEIVED**

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-7-50

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**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.

Signed L. H. Hall

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.