

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30863**

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **4246** Registrar's No. **127**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jasper	b. STATE Missouri	a. STATE Missouri	b. COUNTY Jasper
b. CITY OR TOWN Carl Junction	c. LENGTH OF STAY (in this place) 3 Mos.	c. CITY OR TOWN Carl Junction, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION N. Main Street.	d. STREET ADDRESS (If rural, give location) N. Main Street.		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Franklin	b. (Middle) A.	c. (Last) BASSETT	Sept. 13, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-10-1883		9. AGE (In years last birthday) 67 Months 7 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Brushes	11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Eva M. Bassett.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 372 038033A	17. INFORMANT'S SIGNATURE OR NAME Eva M. Bassett - Carl Junction, Mo.	ADDRESS Carl Junction, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES 1 Hypertension		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2 Arteriosclerosis		10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Carl Junction Jasper Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from **Aug 2, 1950 to Sept 13, 1950**, that I last saw the deceased alive on **Sept 12, 1950**, and that death occurred at **10 A. M. Sept 13, 1950**, from the causes and on the date stated above.

23a. SIGNATURE (Degees or title) O. L. Alberty, MD	23b. ADDRESS Carl Junction, Mo.	23c. DATE SIGNED Sept 13, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-14-1950	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) Farmington, Mo.
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DATE REC'D BY LOCAL REG. Sept 14-50	REGISTRAR'S SIGNATURE W. L. ...	25. FUNERAL DIRECTOR'S SIGNATURE Don Roney	ADDRESS Carl Junction
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-19-50

Jasper County Health Office

County File Number 50-8-669

Date Filed 9-20-50

JAN 15 1951

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

Signed *Clayton M. Johnston* _____

Licensed Embalmer No. *4304* _____

P. O. Address *Webb City 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.