

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35831

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE</u>		c. LENGTH OF STAY (In this place) <u>NINE</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL STE. GENEVIEVE</u>		d. STREET ADDRESS (If rural, give location) <u>RR. 2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) _____ c. (Last) <u>BASKER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 2 1950</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 8 1875</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>BLOOMSDALE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PANCRATIUS BASKER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY REHM</u>		14. NAME OF HUSBAND OR WIFE <u>MARY WOLK</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>Arthur Basker Ste. Genevieve 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>None</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Chronic myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/5/1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>None</u> <u>?</u> <u>?</u> <u>4/5/1</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>Oct. 30, 1950</u> , to <u>Nov. 2, 1950</u> , that I last saw the deceased alive on <u>Oct. 30, 1950</u> , and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Al. Lanning M.D.</u> (Degree or title)				23b. ADDRESS <u>Ste. Genevieve Mo</u>		23c. DATE SIGNED <u>11/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 6 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALLEY SPRING Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Charles M. Dahl</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leoc. Basker Ste. Genevieve Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV - 9 1950

RECEIVED

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Adrian J. Miller

Signed.....

Student Embalmer

Licensed Embalmer No.....

4740

P. O. Address.....

St. Genevieve, 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.