

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40325

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>719</u>		PRIMARY REG. DIST. NO. <u>5442</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Richland Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. South of Morrison</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi. South of Morrison</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>EVERETT</u>		b. (Middle) <u>ELMER</u>		c. (Last) <u>BASCOM</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>Apr. 8-1879</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Labadie, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Tra Bascom</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Travis</u>		14. NAME OF HUSBAND OR WIFE <u>Augusta Bascom</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Bascom, Morrison, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peripheral circulatory collapse</u> ANTECEDENT CAUSES <u>Coronary Thrombosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Coronary Sclerosis</u> 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>2 min</u> <u>10 min</u> <u>Indefinite</u> <u>Probably</u> <u>25 years</u> <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>8/19/1950</u> , to <u>12/23/1950</u> , that I last saw the deceased alive on <u>12/23/1950</u> , and that death occurred at <u>1:30 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or title) <u>Ralph Bascom</u>				23b. ADDRESS <u>Morrison Mo</u>		23c. DATE SIGNED <u>12/24/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Morrison, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-26-50</u>		REGISTRAR'S SIGNATURE <u>W. M. Mendenhall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. Olmsted</u>		ADDRESS <u>Hermann, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____

DISTRICT HEALTH OFFICE NO. 4

JAN 4 1951

RECEIVED

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 _____

Licensed Embalmer No. 3160

Signed
Student Embalmer

P. O. Address Hermann, 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.