

FILED JAN 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 639

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Boonville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Boonville</b>	
c. LENGTH OF STAY (in this place) <b>1 Year</b>		d. STREET ADDRESS (If rural, give location) <b>418 1/2 Spring St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Joseph Hospital.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hugh</b>		b. (Middle)		c. (Last) <b>Baslee</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 15 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 2<sup>n</sup> 1865</b>	
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rented Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Cooper County, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	

13a. FATHER'S NAME <b>Elijah Baslee</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Jane Herbert</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Keziah Arnold Baslee</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. High Baslee, Boonville, Missouri.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Aneurysm</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility + Prostatic Hypertrophy</b>		<b>2 years</b>
DUE TO (c)		<b>Etc.</b>
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"/>	
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 **Dec 4, 1949**, to **Jan 15, 1951**, that I last saw the deceased alive on **Jan 15, 1951**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W.E. Atton</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Boonville Mo</b>		23c. DATE SIGNED <b>1-16-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>January 17 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Boonville Missouri.</b>	

DATE REC'D BY LOCAL REG. <b>1-16-51</b>		REGISTRAR'S SIGNATURE <b>W. Cooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller, Boonville, Missouri.</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

2772

**RECEIVED** 1-22  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 1-22-51

**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 Walter E. Moyer

Signed.....  
Student Embalmer

Licensed Embalmer No. 4491

P. O. Address Boonville, Missouri.

**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.