

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12536

FILED APR 24 1951

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5944 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Dawson) <i>Twp</i></u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Dawson) <i>Township</i></u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u><i>0870</i></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Basford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 51</u>
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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>Nov 11, 1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Napolean Basford</u>	13b. MOTHER'S MAIDEN NAME <u>Martha</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Basford</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rubel Basford St. James, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension about 4 years</u> DUE TO (c) _____ 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 <u>331X</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 9, 1951, to April 16, 1951, that I last saw the deceased alive on April 15, 1951, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u><i>W. H. Ammerly, M.D.</i></u> (Degree or title)	23b. ADDRESS <u>St. James, Mo</u>	23c. DATE SIGNED <u>4-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-18-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Phelps C. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-17-51</u>	REGISTRAR'S SIGNATURE <u><i>Cora E. Birmingham</i></u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u><i>Jesse Bahr St James, Mo</i></u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed April 23, 1957

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.

Student _____
Student Embalmer

Signed C. Jesse Gahr
Licensed Embalmer No. 4486

P. O. Address St. James, 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.