

FILED JUN 16 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20807

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 4339		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY <b>MONROE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>PARIS</b>		c. LENGTH OF STAY (in this place) <b>67</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>PARIS</b>		<b>0690</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BIRKETT ST.</b>				d. STREET ADDRESS (If rural, give location) <b>BIRKETT ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b>		b. (Middle) <b>ELEANOR</b>		c. (Last) <b>BASSETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 3, 1951</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>AUG 24, 1864</b>	
9. AGE (In years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>SANTA FE, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>JAS. B. DAVIS</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE STUART</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGE B. BASSETT</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. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. WINFREY GREGORY, PARIS, MO.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Coronary Heart Disease</b> ANTECEDENT CAUSES <b>Dementia</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>  <b>7/15</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4201	
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)		PARIS MO.	
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			
22. I hereby certify that I attended the deceased from <b>Aug 2, 1950</b> to <b>June 3, 1951</b> , that I last saw the deceased alive on <b>June 2, 1951</b> , and that death occurred at <b>11:15 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm M. Hendrick</b>				23b. ADDRESS <b>M. D. PARIS, MO.</b>		23c. DATE SIGNED <b>6-4-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 6, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE</b>		24d. LOCATION (City, town, or county) (State) <b>PARIS MO.</b>	
DATE REC'D BY LOCAL REG. <b>6-5-51</b>		REGISTRAR'S SIGNATURE <b>S. L. Barnett, M.D.</b>		437		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Speed &amp; Blakey, PARIS, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

690  
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NOV 24 1951

AUG 13 1951

Date Received: JUN 11 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-51-108  
Date Filed: JUN 14 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.....

Signed.....  
Student Embalmer

Signed *E. H. Digney*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.