

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1952
BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1105

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Fair Grove	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Fair Grove, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1211 N. Prospect			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) EZRA		c. (Last) BASS		4. DATE OF DEATH (Month) (Day) (Year) 12-29-1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH July 11, 1869		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Greene Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Martin Bass		13b. MOTHER'S MAIDEN NAME Edith Allen		14. NAME OF HUSBAND OR WIFE Widowed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME John Bass	
(If yes, give year or dates of service)				ADDRESS 1211 Prospect Spfld. Mo	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 2-3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	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 443X		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 **4 June, 1951**, to **29 Dec, 1951**, that I last saw the deceased alive on **28 Dec, 1951**, and that death occurred at **2:23 pm.**, from the causes and on the date stated above.

23a. SIGNATURE James A. Amos, M.D.		23b. ADDRESS Medical Arts Bldg		23c. DATE SIGNED 3 Jan 52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Bassville Cemetery		24d. LOCATION (City, town, or county) (State) Strafford, Missouri	
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DATE REC'D BY LOCAL REG. 1-3-52		REGISTRAR'S SIGNATURE James A. Amos, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co.		ADDRESS Spfld. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

1396

John

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

Walter D. Roberts

Licensed Embalmer No. *4005*

P. O. Address *Springfield 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.