

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

4270

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>4106</u>		Registrar's No. <u>2</u>		
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jeric Springs</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jeric Springs 120.3</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>ELMER</u> c. (Last) <u>BASS</u>			4. DATE OF DEATH (Month) <u>2</u> (Day) <u>4</u> (Year) <u>52</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-25-1884</u>		
9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>19</u>		11. IF UNDER 12 HRS. Hours <u>19</u> Min.				
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>Barton Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>David Bass</u>		13b. MOTHER'S MAIDEN NAME <u>Adaline Offield</u>		14. NAME OF HUSBAND OR WIFE <u>Adabelle Bass</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Adabelle Bass, Jeric, 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>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Nephritis</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>593X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>1-8-</u> , 19 <u>52</u> , to <u>2-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-4</u> , 19 <u>52</u> , and that death occurred at <u>3:45 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. Bannister M.D.</u>				23b. ADDRESS <u>Jeric Springs Mo</u>		23c. DATE SIGNED <u>2-4-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Round Prairie Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>8 Mi. W. Jeric Mo</u>		
DATE REC'D BY LOCAL REG <u>Feb 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Velma Ellis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. P. Long</u> ADDRESS <u>Jeric Springs Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

532283

**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 \_\_\_\_\_

Licensed Embalmer No. 3714

P. O. Address \_\_\_\_\_

**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.