

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 20751
259

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (In this place) 1 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Independence		0465	
d. FULL NAME OF HOSPITAL OR INSTITUTION 626 N. Spring St.				d. STREET ADDRESS (If rural, give location) 626 N. Spring St.			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Mary		c. (Last) Basket		4. DATE OF DEATH (Month) (Day) (Year) June 12 1952	
5. SEX 3 Fem.		6. COLOR OR RACE ca. 1.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH UNKNOWN 44 YRS.	
9. AGE (In years last birthday) 44 YRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Cooper Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Wise		13b. MOTHER'S MAIDEN NAME Dorothy Reeves		14. NAME OF HUSBAND OR WIFE Arthur Basket	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEONARD SINCLOIR 1424 Wood			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility 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.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		794X		20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE John D. Jones 3720				23b. ADDRESS 1612 E 12th		23c. DATE SIGNED 6/16/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 16.1952		24c. NAME OF CEMETERY OR CREMATORY Jackson Cemetery		24d. LOCATION (City, town, or county) (State) Jackson City, Mo.	
DATE REC'D BY LOCAL REG. 6-16-52		REGISTRAR'S SIGNATURE [Signature]		354 F. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS 1415 Truman	

(Licensed Embalmer's Statement on Reverse Side)

K.C.M.O.

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

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

L. E. Davis

Licensed Embalmer No. *4417*

P. O. Address *K. E. 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.