

FILED JUN 17 1952

STANDARD CERTIFICATE OF DEATH

State File No. 1352

1352

BIRTH NO. _____		REG. DIST. NO. 154		PRIMARY REG. DIST. NO. 5875		Registrar's No. 1352	
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 OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City - Rural		0482	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9000 Holmes Street				d. STREET ADDRESS (If rural, give location) 9000 Holmes Street			
3. NAME OF DECEASED (Type or Print) Jesse		a. (First)		b. (Middle) Samuel		c. (Last) BASKETT	
4. DATE OF DEATH		(Month) MAY		(Day) 27		(Year) 1952	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN 3-1872	
9. AGE (In years last birthday) 80		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 6 years		10b. KIND OF BUSINESS OR INDUSTRY Restaurant owner		11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM LE GRANDE		13b. MOTHER'S MAIDEN NAME MARY HAWKINS		14. NAME OF HUSBAND-OR WIFE MATTIE. M. BASKETT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Dave Fugua		ADDRESS 9000 Holmes Street	
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) Hypostatic Pneumonia Antecedent Causes Carcinoma Prostate Morbidity 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. 177X				INTERVAL BETWEEN ONSET AND DEATH 48 hrs 4 yrs	
19a. DATE OF OPERATION 1948		19b. MAJOR FINDINGS OF OPERATION Ca Prostate - Metastasis to Pelvis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (Specify) 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 1948 to May 27, 1952, and that death occurred at 4:56 p.m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		(Degree or Title) M.D.		23b. ADDRESS 800 East Bldg		23c. DATE SIGNED 5/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 31-1952		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY		24d. LOCATION (City, town, or county) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. [Signature]		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

806 Information only.

JUN 13 1958

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 Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address KC. 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.