

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32184**
Registrar's No. **32**

FILED SEP 19 1952

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 4287		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Troy		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence in Troy				d. STREET ADDRESS (If rural, give location) X			
3. NAME OF DECEASED (Type or Print) a. (First) Vernie		b. (Middle) Madden		c. (Last) Basye		4. DATE OF DEATH (Month) (Day) (Year) Sept 15, 1952.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married (Specify)		8. DATE OF BIRTH Feb. 14, 1891.	
9. AGE (In years last birthday) 61		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Madden		13b. MOTHER'S MAIDEN NAME Sarah Boudinier		14. NAME OF HUSBAND OR WIFE Joseph Basye			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Basye Troy, Missouri.			
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* (a) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Right ventricular hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X				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) (Min.)		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 4:30 A m., from the causes and on the date stated above.							
23a. SIGNATURE J. C. Cress (Degree or title) Emd.				23b. ADDRESS Troy, Mo.		23c. DATE SIGNED Sept. 15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/16/52		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy, Missouri	
DATE REC'D BY LOCAL REG. 9-18-1952		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

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

NC 0570

SEP 1 1952

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, XXX

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, 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.