

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5377

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>9 East Warner Plaza</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 East Warner Plaza</u>				d. STREET ADDRESS (If rural, give location) <u>9 East Warner Plaza</u>			
3. NAME OF DECEASED (Type or Print) <u>Mr Edmund Adolph Bassing</u>		a. (First) <u>Edmund</u> b. (Middle) <u>Adolph</u> c. (Last) <u>Bassing</u>		4. DATE OF DEATH <u>12-9-1952</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>2-25-1898</u>		9. AGE (In years last birthday) <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supply Packer Chrysler Warehouse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St Joseph Missouri U.S.A.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Joseph Missouri U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Bassing</u>		13b. MOTHER'S MAIDEN NAME <u>Clara V Farischen</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes World War 1 & 2</u>	
16. SOCIAL SECURITY NO. <u>491-09-9163</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis G Bassing</u>		17. ADDRESS <u>2015 Swake Parkway</u>		18. CAUSE OF DEATH	
Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		II. OTHER SIGNIFICANT CONDITIONS				20. AUTOPSY? YES ☐ NO ☐	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				21. DATE OF OPERATION	
DUE TO (b) <u>EPILEPSY</u>		DUE TO (c) <u>none</u>				21b. MAJOR FINDINGS OF OPERATION	
Conditions contributing to the death but not related to the disease or condition causing death.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		21g. DATE OF OPERATION		21h. MAJOR FINDINGS OF OPERATION	
22. I hereby certify that I attended the deceased from <u>JUNE</u> , 19 <u>49</u> to <u>DEC 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>DEC 6</u> , 19 <u>52</u> , and that death occurred at <u>11:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE - <u>Emmett F. Walls</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>111 S E 12 St</u>		23c. DATE SIGNED <u>12-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>St Joseph Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-9-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall Funeral Home</u>		ADDRESS <u>France-Wornall Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 4 1953

SEP 2

1953

50872

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

Russell H. France

Licensed Embalmer No. 4255

P. O. Address K. E. Me

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.