

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42172**
5560

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</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
c. LENGTH OF STAY (in this place) <u>8 YEARS</u>				d. STREET ADDRESS (If rural, give location) <u>7227 INDIANA AVENUE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>RUDOLPH</u>		b. (Middle) <u>P.</u>		c. (Last) <u>BASTA</u>	
4. DATE OF DEATH		(Month) <u>DEC</u>		(Day) <u>18</u>		(Year) <u>1952</u>	
5. SEX <u>U</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB-2-1881</u>	
9. AGE (In years, last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>CLARKSON, NEBRASKA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK BASTA</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE BUCKACEN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. FRANCES BASTA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>506-16-5721</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FRANCES BASTA</u>		ADDRESS <u>7227 INDIANA KANSAS CITY 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>Pylorus Stenosis, Ruptured Gastric Ulcers</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above causes (a) stating the underlying cause last. DUE TO (b) <u>Ulcers</u> DUE TO (c) <u>Rupture of Gastric Ulcers</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Peritonitis, Bronchial pneumonia</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
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 <u>12-16</u> , 19 <u>52</u> , to <u>12-17</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-16</u> , 19 <u>52</u> , and that death occurred at <u>5:15 A.</u> m., from the causes and on the date stated above.							
23. SIGNATURE <u>D. F. Weinberg, M.D.</u>				23b. ADDRESS <u>7204 Prospect, Kansas City, Mo.</u>		23c. DATE SIGNED <u>12/19/52</u>	
24. BURNING, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC-20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-19-52</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embellisher's Statement on Reverse Side)

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

9:30-12:26

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

Basil O'Honey

Licensed Embalmer No. *4724*

P. O. Address

Shahland, 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.