

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43037

State File No.

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5935</u>		Registrar's No. <u>401</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia R.R.#3</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		<u>0800</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R.#3</u>				d. STREET ADDRESS (If rural, give location) <u>R. R.#3</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Georgia</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>Bass</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1952</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec. 25, 1871</u>			
9. AGE (in years last birthday) <u>81 yrs</u>		10. USUAL OCCUPATION (Active kind of work done during most of working life, even if retired) <u>Own Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County, Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Bass</u>		13b. MOTHER'S MAIDEN NAME <u>Minda Lince</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Bass Sedalia, Mo. R. R.#3</u>		ADDRESS			
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) <u>Myocarditis Chronic</u> ANTECEDENT CAUSES 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. 19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I <u>viewed</u> the deceased <u>as Coroner</u> , 19 <u>52</u> , that I last saw the deceased <u>active</u> , 19 <u>52</u> , and that death occurred at <u>12:05 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Chris Gordon Gaudin</u>		(Degree or title) _____		23b. ADDRESS <u>Coroner Pettis Co</u>		23c. DATE SIGNED <u>12-24-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dresden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dresden Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12/27/52</u>		REGISTRAR'S SIGNATURE <u>R. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Alexander</u>		ADDRESS <u>Sedalia Mo.</u>			

MAY 1 1956

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 J. Price Alexander

Licensed Embalmer No. 4245

P. O. Address Sedalia, 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.