

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

459

State File No. _____

Registrar's No. 22

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pilot Grove</u> <u>0370</u>	
c. LENGTH OF STAY (In this place) <u>14 1/2 mo</u>		d. STREET ADDRESS (If rural, give location) <u>R#3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>E</u> c. (Last) <u>BASLEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MA 9</u>	8. DATE OF BIRTH <u>Sept 9 1871</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William Baslee</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie A. Rodgers</u>	14. NAME OF HUSBAND OR WIFE <u>dK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>dK</u>		16. SOCIAL SECURITY NO. <u>dK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bob Baslee Boonevillong</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypo pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>522X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile psychosissimpletype</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input 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)		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 <u>1-12, 1953</u> to <u>1-17, 1953</u> , that I last saw the deceased alive on <u>1-17, 1953</u> and that death occurred at <u>12:25</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J Caldwell</u> (Degree or title)		23b. ADDRESS <u>State Hos Hulton</u>	
23c. DATE SIGNED <u>1-17-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 19-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pilot Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 17-1953</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Wallace</u>		ADDRESS <u>Funeral Home Hulton Mo</u>	

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 William C. Kreese

Licensed Embalmer No. 4870

P. O. Address Hutton 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.