

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5012

State File No.

FILED FEB 16 1953

REG. DIST. NO. 47

PRIMARY REG. DIST. NO. 3008

Registrar's No. 68

143

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

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY CALLOWAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SHELBY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON | | c. CITY OR TOWN SHELBYNA | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 15 DAYS | | e. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION STATE HOSPITAL NO 1 | | | |

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|--|---------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) STELLA b. (Middle) c. (Last) BASSETT | | | 4. DATE OF DEATH (Month) (Day) (Year) FEB 7th 1953 | | |
| 5. SEX female | 6. COLOR OR RACE colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widow | 8. DATE OF BIRTH Aug-14-1891 | 9. AGE (In years last birthday) 61 | 10. IF UNDER 1 YEAR: Months 5 Days 23 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work | | 10b. KIND OF BUSINESS OR INDUSTRY keeping house | | 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI | |
| 13a. FATHER'S NAME OSCAR BASSETT | | | 13b. MOTHER'S MAIDEN NAME HATTIE ? | | 14. NAME OF HUSBAND OR WIFE (SEPERATED) VIVIAN D OX |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS ADDRESS FULTON MO. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY OEDEMA ACUTE DILATATION OF HEART. DUE TO (b) cerebral arterio sclerosis, long standing DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | INTERVAL BETWEEN ONSET AND DEATH 2 hrs. 2 hrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|---|--|--|--|--|--|
| 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) 334x | |
| 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 Jan-24, 1953, to Feb-7th, 1953, that I last saw the deceased alive on 2/6/53, 19 , and that death occurred at 3:00 p.m., from the causes and on the date stated above.

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|--|--|-------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE <i>Mary Louise Ox</i> (Degree or title) | | 23b. ADDRESS Fulton Missouri | | 23c. DATE SIGNED Feb/7th/53 | |
|--|--|-------------------------------------|--|------------------------------------|--|

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|--|--|------------------------------|--|---|--|---|--|
| 24a. BURIAL (REMOVAL) (Specify) Rural | | 24b. DATE Feb 10 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Shelbina Cem. | | 24d. LOCATION (City, town, or county) (State) Shelbina Mo. | |
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| DATE REC'D BY LOCAL REG. Feb 8 1953 | | REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE Wallace Funeral Home | | ADDRESS Fulton, Mo. | |
|--|--|---|--|--|--|----------------------------|--|

MAR 2 1953

FEB 19 1953

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.....
Signature of Student Embalmer

Signed *William C. Trebbel*.....

Licensed Embalmer No. *4270*.....

P. O. Address *Hutton 1*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.