

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29635

State File No.
REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 220

FILED AUG 31 1953

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u> 0690	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Carmine's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roxie</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Bassett</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (specify) <u>married</u>	8. DATE OF BIRTH <u>5/5/1885</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Pricer Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Joseph Knorr</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Bassett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Paul Burgess</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis acuta</u>		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial decompensation</u> 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 <u>None</u>	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)
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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?
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22. I hereby certify that I attended the deceased from Aug 5, 1953, to Aug 23, 1953, that I last saw the deceased alive on Aug 23, 1953, and that death occurred at 4:10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leop. S. Jolly 2 D.O.</u>	23b. ADDRESS <u>Moberly Mo</u>	23c. DATE SIGNED <u>8-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 26 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunbar</u>	24d. LOCATION (City, town, or county) (State) <u>Madison MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug 26 53</u>	REGISTRAR'S SIGNATURE <u>Leop. S. Jolly</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Thos. A. Thompson / Madison</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Mrs. Fred A. Kemp

Licensed Embalmer No. 3282

P. O. Address Milwaukee, Wis.

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.