

STANDARD CERTIFICATE OF DEATH

29763

FILED AUG 20 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7285**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) c. CITY OR TOWN Steeleville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Barnes Hospital		e. STREET ADDRESS (If rural, give location) 0280	

3. NAME OF DECEASED (Type or Print) a. (First) Laddie b. (Middle) Bass c. (Last) Bass		4. DATE OF DEATH (Month) (Day) (Year) July 26, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 17, 1914
9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Steeleville, Mo.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Claude Bass	13b. MOTHER'S MAIDEN NAME Pearl Stafford	14. NAME OF HUSBAND OR WIFE Emma
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Claude Bass, Steeleville, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma when he fell in his home about 2:00 p.m. on July 26, 1953.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	
		Accident	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 26 53 2:00 p.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9040
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at **9:00 p.m.**, from the causes and on the date stated above. **21**

23a. SIGNATURE Patrick L. Taylor, M.D.	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-27-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Steeleville, Mo.
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DATE REC'D BY LOCAL REG. JUL 27 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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DEC 9 1962

SEP 4 1962

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.....
J. W. ^{xu} Brambley

Licensed Embalmer No. *3623*

P. O. Address

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.