

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30838

FILED SEP 1 - 1953

622 State File No.  
2076 Registrar's No. 152

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Polk</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wash Township</u>		c. LENGTH OF STAY (In this place) <u>21 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Aldrich</u>		0840
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo</u>			d. STREET ADDRESS (If rural, give location) <u>unknown</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD</u> b. (Middle) <u>-JOHN-</u> c. (Last) <u>BASS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 25, 1887</u>	9. AGE (In years last birthday) <u>67</u>	10. MONTHS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>f. farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Webster County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W Bass</u>		13b. MOTHER'S MAIDEN NAME <u>Luanna Jane Owen</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Bass</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Alzheimers Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>305 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>July 16, 1953</u> , to <u>Aug 6, 1953</u> , that I last saw the deceased alive on <u>Aug 6, 1953</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Paul L Barone M.D.</u>			23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>		23c. DATE SIGNED <u>Aug 6/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8/13/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bass Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>town county Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-24-53</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>Therese Ferry</u>	ADDRESS <u>New Springfield Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

80  
2

700

DEC 15 1958

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 Percy F. Melster  
Licensed Embalmer No. 4805

P. O. Address Nevada, 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.