

No. 300
10. 48

STANDARD CERTIFICATE OF DEATH

State File No. **717**

FILED JAN 18 1954

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5337** Registrar's No. **54-8**

8290

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Pilgrim twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural pilgrim twp	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) everton mo. 7-trl	
d. FULL NAME OF HOSPITAL OR INSTITUTION home 5mi n.w.everton			

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Lee c. (Last) Basham			4. DATE OF DEATH (Month) (Day) (Year) Jan 11, 1954		
5. SEX ♂	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 12, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 6 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY Frisco rr		11. BIRTHPLACE (City and State or Foreign Country) 0 greene co mo	
12. CITIZEN OF WHAT COUNTRY? usa					

13a. FATHER'S NAME Clayton Basham	13b. MOTHER'S MAIDEN NAME Marcinia Basha m	14. NAME OF HUSBAND OR WIFE Helen Basha m
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 702-07-3944A	17. INFORMANT'S SIGNATURE OR NAME Mrs Helen Basham Everton Mo	ADDRESS R. 1
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY Occlusion		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY Thrombosis DUE TO (c) ARTERIO - Sclerotic		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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 **1-5**, 19**54**, to **1-11**, 19**54**, that I last saw the deceased alive on **1-5**, 19**54**, and that death occurred at **12:00 noon** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. T. Stays Jr. M.D.	23b. ADDRESS Ash Grove Mo	23c. DATE SIGNED 1/14/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 13, 1954	24c. NAME OF CEMETERY OR CREMATORY Antioch	24d. LOCATION (City, town, or county) (State) Dade Co. Mo.
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DATE REC'D BY LOCAL REG. 1-16-54	REGISTRAR'S SIGNATURE J. C. Canada 478	25. FUNERAL DIRECTOR'S SIGNATURE W. R. Allison	ADDRESS Greenfield Mo.
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APR 30 1954

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Mass.

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.