

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9525**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4070** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Skidmore	
c. LENGTH OF STAY (in this place) 1wk		d. STREET ADDRESS (If rural, give location) 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallin Nursing Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Frank	b. (Middle) Raymond	c. (Last) Bassett	(Month) 3-	(Day) 31-	(Year) 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIAGE STATUS married	8. DATE OF BIRTH Aug 18-1882	9. AGE (In years last birthday) 71	10. CITIZEN OF WHAT COUNTRY U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. mail carrier		10b. KIND OF BUSINESS OR INDUSTRY Gov. mail.		11. BIRTHPLACE (State or foreign country) Arlington-Iowa	

13a. FATHER'S NAME Stephen Bassett	13b. MOTHER'S MAIDEN NAME Sarah Fullington	14. NAME OF HUSBAND OR WIFE Mrs. Leora Bassett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. unknown.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leora Bassett	ADDRESS Skidmore Mo
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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 Jan 1954
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis + Hypotension		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
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 332X	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) (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 **1-7-54**, 19**54**, to **3-31-54**, 19**54**, that I last saw the deceased alive on **3-15-54**, 19**54**, and that death occurred at **1215 S.**, from the causes and on the date stated above.

23a. SIGNATURE H. C. Bauman	(Degree or title) M.D.	23b. ADDRESS Maryville Mo	23c. DATE SIGNED 3/31/54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-3-1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Joseph - Mo.
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DATE REC'D BY LOCAL REG. 4-3-54	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Bauman	ADDRESS Maryville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—40

MAY 4 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

G M Peterson

Licensed Embalmer No. 2379

P. O. Address Maryville, 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.