

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9698**  
Registrar's No. **66**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3057**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution; residence before admission.)	
a. COUNTY <b>Randolph</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b> <b>0883</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>702 Taylor</b>		d. STREET ADDRESS (If rural, give location) <b>702 Taylor</b>	
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <b>Henry</b>		b. (Middle) <b>Basnett</b>	
c. (Last) <b>Basnett</b>		<b>18<sup>th</sup> 1954</b>	
<b>5. SEX</b> <b>0</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Jan 12<sup>th</sup> 1871</b>
<b>9. AGE</b> (In years last birthday) <b>83</b>		<b>IF UNDER 1 YEAR</b> (Month) (Day) <b>2 6</b>	<b>IF UNDER 24 HRS.</b> (Hour) (Min.)
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Rtd Plasterer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Mo</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b>		<b>13a. FATHER'S NAME</b> <b>William Basnett</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Nelson</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Emilda</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>✓</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs H. Basnett. Moberly, Mo</b>		<b>ADDRESS</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of unknown vessel of brain</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Arteriosclerosis &amp; generalized</b>		<b>7 days present for 10 years</b>	
DUE TO (c) <b>Prostatic obstruction with urinary retention.</b>		<b>5 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
		<b>1500</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>March 13, 1954</u>, to <u>March 18, 1954</u>, that I last saw the deceased alive on <u>March 17, 1954</u>, and that death occurred at <u>10:50 Am.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Clarence Clark M.D.</b>		<b>23b. ADDRESS</b> <b>300 W. Reed</b>	
<b>23c. DATE SIGNED</b> <b>3-19-54</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>3-20-54</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakland</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Moberly Mo</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>3-20-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>269- [Signature]</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Moham and Son, Moberly, Mo</b>		<b>ADDRESS</b>	

**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 Frank J. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moherly, 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.