No. 300
10.48

FILED AUG 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25954

BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6112B Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Illmo
c. LENGTH OF STAY (in this place): 32 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Illmo - 1000
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): CLYDE
b. (Middle): ANDERSON
c. (Last): BASS

4. DATE OF DEATH (Month) (Day) (Year): AUG 4 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: JULY 24, 1899
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Olive Branch, Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Bass
13b. MOTHER'S MAIDEN NAME: Flora Anderson
14. NAME OF HUSBAND OR WIFE: Zola Vick Bass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-09-6338
17. INFORMANT'S SIGNATURE OR NAME: Mrs Zola Bass — **ADDRESS**: Illmo, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Gastric Indigestion

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 3, 1954 *to* Aug 4, 1954 *that I last saw the deceased alive on* Aug 3, 1954 *and that death occurred at* 12:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fred W. Martin, D.O. (Degree or title)
23b. ADDRESS: Illmo, Mo
23c. DATE SIGNED: 8-5-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/6/54
24c. NAME OF CEMETERY OR CREMATORY: LIGHTNER
24d. LOCATION (City, town, or county) (State): ILLMO Mo

DATE REC'D BY LOCAL REG.: Aug. 7 1954
REGISTRAR'S SIGNATURE: 300-7 Mrs. Z. L. Dorris, Deputy Reg.
25. FUNERAL DIRECTOR'S SIGNATURE: Bupling Koff Funeral Home — **ADDRESS**: Illmo Mo

(Licensed Embalmer) Statement on Reverse Side)

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

DATE RECEIVED AUG 10 195

SCOTT CO. HEALTH DEPT.

CO. FILE No. 854-167

AUG 25 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 Ollie C Smith

Licensed Embalmer No. 4470

P. O.-Address Elmo, 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.