

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28552

BIRTH NO.		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 5952		Registrar's No. 103	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE			
b. CITY OR TOWN RURAL-BUFFALO		c. LENGTH OF STAY (In this place) LIFE		c. CITY OR TOWN RURAL-BUFFALO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #2-LOUISIANA, MO.				STREET ADDRESS (If rural, give location) R.F.D. #2-LOUISIANA, MO.			
3. NAME OF DECEASED (Type or Print) IDA		a. (First) LEONA		c. (Last) BASS		4. DATE OF DEATH (Month) (Day) (Year) AUG. 24 1954	
5. SEX F		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MARCH 25, 1895	
9. AGE (In years last birthday) 59		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) LOUISIANA, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME THOMAS FRANKLIN INCE		13b. MOTHER'S MAIDEN NAME MARTHA WADE		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-05-3985		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
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) Chronic Hypertension ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) PNEUMONIC TOXIN				INTERVAL BETWEEN ONSET AND DEATH 10 yrs 10 yrs 50 yrs	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. 2222	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1941, to 8-24, 1954, that I last saw the deceased alive on 8-5, 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS [Address]		23c. DATE SIGNED 8-25-54		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 26, 1954		24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) LOUISIANA, MO.	
DATE REC'D BY LOCAL REG. AUG 26, 1954		REGISTRAR'S SIGNATURE [Signature]		374		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 383

P. O. Address Louisiana

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.