

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **12539**

FILED APR 25 1955

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5667		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln			
b. CITY (If outside corporate limits, give RURAL and give township) Troy-Rural		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN _____		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF (If in hospital or institution, give street address or location) Lincoln County Men's Hosp. 1/2 mile East of Troy Mo.				STREET ADDRESS (If rural, give location) 1/2 mile East of Troy Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) HUBERT		b. (Middle) ROLLA		c. (Last) BASKE	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 23 1905	
9. AGE (In years last birthday) 50		10. MONTHS 1		11. DAYS 22		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinoplatist at news station New York N.Y.				10b. KIND OF BUSINESS OR INDUSTRY at news station New York N.Y.			
11. BIRTHPLACE (City and State or Foreign Country) N.Y.		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Rolla Baskie		13b. MOTHER'S MAIDEN NAME Emma Holbert	
14. NAME OF HUSBAND OR WIFE Rouena Baskie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Rouena Baskie	
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) Bronchopneumonia ANTECEDENT CAUSES DUE TO (b) Pneumonia & subhepatic abscess DUE TO (c) Post-op state II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia, lower nephron type Acidosis				INTERVAL BETWEEN ONSET AND DEATH 12 hrs 5 days 9 days	
19a. DATE OF OPERATION 4-6-55		19b. MAJOR FINDINGS OF OPERATION Bleeding Duodenal Ulcer penetrating into pancreas				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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 3-30-55 , to 4-15 , 19 55 , that I last saw the deceased alive on 4-15-55 , 19 55 , and that death occurred at 6:10 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Louis P. Hetlage, M.D.				23b. ADDRESS 3rd & Wood St, Troy Mo		23c. DATE SIGNED 4-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16 55		24c. NAME OF CEMETERY OR CREMATORY Red & Alexander Cem.		24d. LOCATION (City, town, or county) (State) Lincoln County Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4-23-1955 Emma R. Riddle		162		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wayne M & Co. Troy Mo			

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1951

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. 358

P. O. Address Troy, N.Y.

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.