

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18188

State File No.

FILED JUN 29 1955

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 210

035

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

I. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		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 _____ e. STREET ADDRESS (If rural, give location) <u>107 Cypress St.</u>			
3. NAME OF DECEASED a. (First) <u>Andrew</u> b. (Middle) <u>Charles</u> c. (Last) <u>Basinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 14 1878</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>State of Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Sam Basinger</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Jackson</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Basinger</u>		_____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Basinger</u> ADDRESS <u>Malden Mo; 100</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Damage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>June 1-55</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Pericardial 2 yrs ago</u>	
DUE TO (c) <u>Bad foot about 2 yrs</u>		_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
_____		_____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		_____	
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) (Minute)		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 <u>June 1</u> , 19 <u>55</u> , to <u>June 4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 4</u> , 19 <u>55</u> and that death occurred at <u>2:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. C. ... D.O.</u>		23b. ADDRESS <u>Malden Mo</u>	
23c. DATE SIGNED <u>June 12 55</u>		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 6, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-25-55</u>		REGISTRAR'S SIGNATURE <u>J. Dr. Schorman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Watson Funeral Service</u>		ADDRESS <u>Parma, Mo.</u>	

RECEIVED DUNKLIN COUNTY
DEPARTMENT 6-27-5
COUNTY FILE NUMBER 655

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 *Marsh Watkins*

Licensed Embalmer No. *477*

P. O. Address *Perth M*

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.