

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1955

State File No. 22521

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5368		Registrar's No. 291			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE (RURAL 3 mi. S. W. of town)				c. CITY OR TOWN INDEPENDENCE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION P.F.D. # 2. (Blue)				STREET ADDRESS (If rural, give location) P.F.D. # 2. 7008					
3. NAME OF DECEASED (Type or Print)		a. (First) CLINTON		b. (Middle) S		c. (Last) BASS			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH MAY 22, 1881			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY LABORER		11. BIRTHPLACE (City and State or Foreign Country) JASPER MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CLINTON BASS		13b. MOTHER'S MAIDEN NAME TENNESSEE WILSON		14. NAME OF HUSBAND OR WIFE NONE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 524-18-8728 A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Bass, 319 N. Main, K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embarrassment of Circulation and Respiratory Centers Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heat exhaustion DUE TO (c) Senility and Malnutrition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9319				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		A6		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 Aug 3, 1955, to Aug 3, 1955, that I last saw the deceased alive on August 3, 1955, and that death occurred at 3:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE James H. Via (Degree or title) DO J				23b. ADDRESS Blue Springs, MO		23c. DATE SIGNED 8-4-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE Aug-5-55		24c. NAME OF CEMETERY OR CREMATORY F.L.M. WOOD		24d. LOCATION (City, town, or county) (State) K.C. MO.			
DATE REC'D BY LOCAL REG. Aug. 5-19 55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]			

(Licensed Embalmer's Statement on Reverse Side)

(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. 362

P. O. Address H. C. 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.