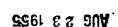
. 300	II FILED AU	IG 12 1955			ALTH OF MISSOU ICATE OF DEA		Sant -	ile No	2:	2967		
.48	ВІКТИ МО		REG. DIST.		PRIMARY REG. DIST.	mo. <u>5' 8</u>	08 Registr	ar's No.	/2	1 5 5 6 6 6 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7		
	a. county Montgomeny				2. USUAL RESIDENCE (Where deceased lived. If inst a. STATE b. COUNTY Oregon Uma til				rtitution:	residence before admission).		
3	b. CITY (If outside con		c. LENGTH OF STAY (in this place)	c. CITY OR			d. la Re	sidence within limits of or incorporated town?				
RECORD	d. FULL NAME OF (If not in hospital or factivation, give street address or location)				STREET (If rural, give location) ADDRESS OUT TOWN Pendle to 211 TOWN Pendle to			<u>·</u>	0750			
ပ္ထ	HOSPITAL OR INSTITUTION				213 SE 16th Street							
2	3. NAME OF DECEASED	a. (First)	b	(Middle)	c. (Last)		4. DATE ()	Month)	(Day)) (Year)		
Ę	(Type or Print)	Richard		Leroy	Basart		DEATHAUR!			<u> 1955</u>		
Permanent	5. SEX () 6. COLOR OR RACE		WIDOWED, DIVORCED (Bpecify)		8. DATE OF BIRTH		9. AGE (In years of more last birthday) Months			F DEER M HES. Hours Min.		
Ē				∍d '	May 28, 1934		<u> 21 </u>					
Z .	10a. USUAL OCCUPATIO		10b. KIND OF BUSINESS OR IN- DUSTRY		11. BIRTHPLACE (City and State or Foreign		e or Foreign Conn	Country) 12. CITIZEN OF COUNTRY?		IZEN OF WHAT		
된	US Army		U S Army		Wenatchee Wash:		nington '		USA			
_ -d	13a. FATHER'S NAME		136. 1	OTHER'S MAIDEN	NAME	14. NAM	E OF HUSBAND	OR WIF	E			
ы	Merle Bayart Louisa Shar											
MAKE	15. WAS DECEASED EVE (Yes, no, or unknown) (If	R IN U.S. ARMED I	FORCES? 16. S	OCIAL SECURITY	17. INFORMANT'S	SIGNA	TURE OR NA	ME		ADDRESS		
Ħ	Yes WW 11 Unknown			Merle Basa	rt	Pend l	et on	L C	regon			
<u>.</u>	18. CAUSE OF DEATH MEDICAL CERTIFICATION								INTER	RVAL BETWEEN		
INK	Enter only one course per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a) Broken neck								_			
	AMERICANISM Fractured skull											
CK	*This does not mean the mode of dying, such	mean such Morbid conditions, if any, giving DUE TO (b) deep citts on scaly henia, rise to the above cause (a) stating							_[_		
BLA	as heart fallure, asthenia,											
	etc. It means the dis-	ic. It ments the cut-										
UNFADING	tion which caused death.	II. OTHER SIGNIF							1.5			
ă		Conditions contrib	outing to the death but not use or condition causing death.					ļ				
7	19a. DATE OF OPERA-	19b. MAJOR FINE	INGS OF OPER	TION					20. A	UTOPSY?		
•	TION						Hin		YES	но 🖵		
	21a. ACCIDENT ACCIDENT HOMICIDE	fucht	Ib. PLACE OF IN.	URY (s.g., in or about	21c. (CITY, TOWN, OR 1	TOWNSHIP) D (con	NTY)	##ond	(STATE)		
	HOMICIDE 700	14611	US High	URY (e.g., in or about street, office bidg., sup.) NBY # 40	2 miles ess	t of	High H	111	raction of	(STATE) Tegor eny Inty		
	21d. TIME AUGUS	t ^r V, T95		JURY OCCURRED	Auto Acci	occuri La en t				gouri		
	22. I hereby certify that I attended the Account from Augus 19 5, to 955, 19, that I last saw the deceased											
	alive on, 19, and that death occurred all: 15pm., from the causes and on the date stated above.											
1	23. SIGNATURE	Mantainen Chair 8/6/55										
H L	24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATOR 24d. LOCATION (City, town or county									(State)		
WRITE	TION, REMOVAL (Breatly) Removal	Aug. 6.	155 G	lnov Ceme	ter 🗸 📗	Pand'	leton.	/ Oroe	ำภา			
>	DATE REC'D BY LOCAL		IGNATURE		25 FUNERAL DIRECT		CMATHER		0.0 RE 53	AF.		
	aug6-55	Musto	ray 1/1	ller	Schlanker Fres	ud	Hone !	Kon	gom	ey cy M,		
	U	206	-ين (Lie	ensed Embelmer's S	itatement on Reverse Side	?)						



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose na	is recorded on the reverse side of this certificate was em
hu ma an hu	Student Embelmes No

working under my personal supervision

working under my personal supervision..

Signature of Student Embalmer

Student

Licensed Embalmer No. 4/s

P. O. Addres Milanus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

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.