

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22967

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>228</u>		PRIMARY REG. DIST. NO. <u>2808</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Oregon</u> b. COUNTY <u>Umatilla</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bear Creek Township</u>				c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY OR TOWN <u>Pendleton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Leroy</u> c. (Last) <u>Basart</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>August 5, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 28, 1934</u>	
9. AGE (In years last birthday) <u>21</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U S Army</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U S Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wenatchee, Washington</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Merle Basart</u>			
13b. MOTHER'S MAIDEN NAME <u>Louisa Sharp</u>				14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W II</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Merle Basart</u>	
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck</u>  ANTECEDENT CAUSES <u>Fractured skull</u> DUE TO (b) <u>deep cuts on scalp</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				19. DATE OF OPERATION <u>August 5, 1955</u>			
19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US Highway # 40</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>070</u> (COUNTY) <u>Montgomery</u> (STATE) <u>Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>August 5, 1955</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>		22. I hereby certify that I attended the deceased from <u>August 5, 1955</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>August 5, 1955</u> , and that death occurred at <u>1:45 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. E. Robertson Coroner</u>				23b. ADDRESS <u>Montgomery City, Mo.</u>		23c. DATE SIGNED <u>8/6/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 6, '55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glory Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pendleton, Oregon</u>	
DATE REC'D BY LOCAL REG. <u>Aug 6-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. May Miller</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Schlanker Funeral Home</u>		ADDRESS <u>Montgomery City, Mo.</u>	

206-0

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 23 1955

VS  
AUG 11 1955

### 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..... *E. Boone Schlank*

Licensed Embalmer No. *413*

P. O. Address *Montgomery*

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