

FILED OCT 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30096

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 103	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. LENGTH OF STAY (In this place) <u>15 YEARS</u>		c. CITY OR TOWN <u>LOUISIANA</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 <u>PIKE COUNTY HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>519 SOUTH THIRD ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u>		b. (Middle) <u>GUY</u>		c. (Last) <u>BASKETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 7, 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 13, 1892</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State; Foreign Country) <u>KINNEYS, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM E. BASKETT</u>		13b. MOTHER'S MAIDEN NAME <u>CORDELIA ALICE MORRIS</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL MAE BASKETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>W.W.T</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.W.T</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____		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) _____		21f. HOW DID INJURY OCCUR? WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED _____		22. I hereby certify that I attended the deceased from <u>10-6</u> , 19 <u>55</u> to <u>10-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-7</u> , 19 <u>55</u> , and that death occurred at <u>11:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas H. Linnell M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>10-8-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 9, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PURDIN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MISSOURI</u>	
25a. DATE REC'D BY LOCAL REG. <u>Oct 9, 1955</u>		25b. REGISTRAR'S SIGNATURE <u>Burnice Callier</u>		25c. FUNERAL DIRECTOR'S SIGNATURE <u>GEO. M. COLLIER</u>		25d. ADDRESS <u>LOUISIANA, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1958

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 *Geo. M. Collier*

Licensed Embalmer No. *385*

P. O. Address *Louisiana*

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.