

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **718**

FILED FEB 14 1956

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 2016		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 7 wk		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ulman			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital				d. STREET ADDRESS (If rural, give location) 0660			
3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) B. c. (Last) Bass			4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1886		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days 	IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Miller Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Isaac Talbert Bass		13b. MOTHER'S MAIDEN NAME Maggie Williams		14. NAME OF HUSBAND OR WIFE Leftie May Bass			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leftie May Bass Ulman 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive and arteriosclerotic heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema of the lungs					INTERVAL BETWEEN ONSET AND DEATH 5 years 2 years
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 12-25 19 56 to 2-8 , 19 56 , that I last saw the deceased alive on 2/8 , 19 56 , and that death occurred at 10:40 m. P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John J. Hutchens MD				23b. ADDRESS 302 Bellway St		23c. DATE SIGNED 2/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/11/56	24c. NAME OF CEMETERY OR CREMATORY Hickory Point		24d. LOCATION (City, town, or county) (State) Iberia, Mo.		
DATE REC'D BY LOCAL REG. 10 Feb 1956		REGISTRAR'S SIGNATURE R.P. Davis MD-MR		25. FUNERAL DIRECTOR'S SIGNATURE - ADDRESS Hedges Funeral Homes Inc Iberia,		MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 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
Student Embalmer

Signed Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Theriac, Md.

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 this body is not embalmed, fact should be so stated above.