

FILED MAR 14 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

4603

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 790

1. PLACE OF DEATH a. COUNTY <u>Wyandotte</u> <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>1 1/2 Years</u>		d. STREET ADDRESS (If rural, give location) <u>1043 Reynolds Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Long's Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>1043 Reynolds Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Basler</u> c. (Last) <u>Basler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 21, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, 1. WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 28, 1866</u>
9. AGE (In years last birthday) <u>89</u>	10. MONTHS <u>8</u>	11. DAYS <u>15</u>	12. HOURS <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Cornell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Landan</u>	
14. NAME OF HUSBAND OR WIFE <u>Phillip Basler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olga Mohr, 822 Newton, K.C. Mo.</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>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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 <u>12-1-55</u> , 19 <u>55</u> , to <u>2-21-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>February 21, 1956</u> , and that death occurred at <u>10:15 A</u> m., from the causes and on the date stated above.			
23. SIGNATURE OF REGISTRAR <u>Frank Paul Laurencz</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kansas City, Missouri</u>	
23c. DATE SIGNED <u>2/22/56</u>		24. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb/23/1956</u>	
24c. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jps. A. Butler's Sons, Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>2-22-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

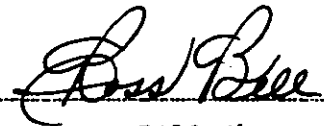
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas

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.