

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10084**BIRTH NO. 25417224-56 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5923 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Pettis Township.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write township and give township) OR TOWN <u>Rt. 2, Hughesville</u>		c. CITY OR TOWN <u>Hughesville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Georgetown Mo</u>		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>Jaunita</u> b. (Middle) <u>Bass</u> c. (Last) <u>Bass</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-1956</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>3-10-1956</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>38</u>
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10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hughesville Mo. R.R.D. 2</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Joan Bass</u>	14. NAME OF HUSBAND OR WIFE <u>Infant</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Infant</u>	16. SOCIAL SECURITY NO. <u>Infant</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joan Bass - R#2 Hughesville</u> ADDRESS <u>Hughesville</u>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776 x</u>	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 3-10-1956, to 3-10-1956, that I last saw the deceased alive on 3-10-1956, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Best M.D.</u>	23b. ADDRESS <u>Georgetown Mo. 3-10-1956</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-12-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dresden</u>
24d. LOCATION (City, town, or county) (State) <u>Dresden Pettis Mo</u>		

DATE REC'D BY LOCAL REG. <u>3-12-56</u>	REGISTRAR'S SIGNATURE <u>Juliana Bonz Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Ferguson</u> ADDRESS <u>Georgetown</u>
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(Licensed Embalmer's 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.....
Signature of Student Embalmer

Signed.....
F. D. Ferguson

Licensed Embalmer No. 21

P. O. Address Spokane

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.