

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10125**

BIRTH NO.		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE			
b. CITY (If outside corporate limits, write RURAL and give township) LOUISIANA		c. LENGTH OF STAY (in this place) 5 WEEKS		c. CITY OR TOWN FOURIA		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) PIKE CO. HOSPITAL				STREET ADDRESS (If rural, give location) 0820			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) ROBERT		c. (Last) BASYE		4. DATE OF DEATH (Month) (Day) (Year) MARCH 26, 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT 15, 1879	
9. AGE (In years last birthday) 76		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and State or Foreign Country) LINCOLN Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ABNER B. BASYE		13b. MOTHER'S MAIDEN NAME EMMA JANE LEWIS		14. NAME OF HUSBAND OR WIFE BETTIE AKERS BASYE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO NE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. O. C. REID - FOURIA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary vascular accident 5 wks ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized ± Parkinson's Dis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 10 yrs					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3.31x				20. AUTOPSY? YES ☐ NO ☒	
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 NOT WHILE ☐ AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Thurs. , 1950, to Mar 26 , 1956, that I last saw the deceased alive on Mar 25 , 1956, and that death occurred at 9:50A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas. H. Luellen MD				23b. ADDRESS Louisiana Mo		23c. DATE SIGNED 4/3/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 28, 1956		24c. NAME OF CEMETERY OR CREMATORY FOURIA CEM.		24d. LOCATION (City, town, or county) (State) FOURIA, MO.	
DATE REC'D BY LOCAL REG. April 3, 1956		REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. M. Collier, Louisiana Mo			

(Licensed Embalmer's Statement on Reverse Side)

APR 10 1956

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. *38*

P. O. Address *Louisiana*

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.