

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14113

FILED APR 23 1956

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>247</u>		PRIMARY REG. DIST. NO. <u>5840</u>		Registrar's No. ....		
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Union</u> )		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Sarcocie</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sarcocie Route # 1</u>				e. STREET ADDRESS (If rural, give location) <u>Sarcocie Route # 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>E.</u> c. (Last) <u>Bass</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1956</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>2-12-1978</u>		
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		IF UNDER 15 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret'd</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sarcocie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William H. Bass</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Lynn</u>			14. NAME OF HUSBAND OR WIFE <u>Martha Bass</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>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Bass, Route # 1, Sarcocie, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</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					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 <u>12/6</u> , 19 <u>55</u> , to <u>3/31</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/30</u> , 19 <u>56</u> , and that death occurred at <u>11:15P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Russell Smith</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>Canthage, Mo.</u>		23c. DATE SIGNED <u>4-2-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dudman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-23-56</u>		REGISTRAR'S SIGNATURE <u>Clayde A. Bridges</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home, Canthage, Mo.</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Subject Health Officer No: Newton  
Subject File Number 452-51  
Date Filed APR 18 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 William A. Fulk

Licensed Embalmer No. 46

P. O. Address Carthage

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.