

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16248
1915

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 28 years		c. CITY OR TOWN KANSAS CITY		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 3398	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				3. STREET ADDRESS (If rural, give location) 2403 1/2 E 25TH STREET			
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS		b. (Middle)		c. (Last) BASS		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1956	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 8, 1908	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef		10b. KIND OF BUSINESS OR INDUSTRY Restraunt		11. BIRTHPLACE (City and State or Foreign Country) Commerce Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NAOMI	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 495-05-76 79		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records. K. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema and congestion, marked ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac hypertrophy & dilatation with 26 months congestive heart failure DUE TO (c) Myocardial infarction, recent and healed II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. septum Chronic passive congestion, liver INTERVAL BETWEEN ONSET AND DEATH few days 4201				19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 February 2, 1956, to May 1, 1956, and that death occurred at 3:35P m., from the causes and on the date stated above.							
23a. SIGNATURE EUGENE C. HWA, M.D. (Degree or title)				23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 5/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/9/1956		24c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth Nat'l Cem. Ft. Leavenworth, Kansas		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 5-3-56 neva minshall		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Address K. C. Mo.			

(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 *Landis H. Jackson*.....

Licensed Embalmer No. *48*.....

P. O. Address *K. C., Mo.*.....

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.