

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30230**
Registrar's No. **118**

FILED OCT 1 - 1956

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Boonville)		c. LENGTH OF STAY (In this place) 2 Days	c. CITY OR TOWN Boonville
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		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) Lewis b. (Middle) W. c. (Last) Baslee		4. DATE OF DEATH (Month) (Day) (Year) Sept., 26 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 10, 1906
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri
12. CITIZEN OF WHAT COUNTRY U. S.		13a. FATHER'S NAME John A. Baslee	
13b. MOTHER'S MAIDEN NAME Minnie Harris		14. NAME OF HUSBAND OR WIFE Brooksie Tomlinson Baslee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No		16. SOCIAL SECURITY NO. 500-09-9901	
17. INFORMANT'S SIGNATURE OR NAME Brooksie Baslee		ADDRESS Boonville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus	
INTERVAL BETWEEN ONSET AND DEATH 6 hours		+ 2 years -	
+ 2 years		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)	
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 9-24-56 , 19 56 , to 9-26-56 , 19 56 , that I last saw the deceased alive on 9-26-56 , 19 56 , and that death occurred at 10:20 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) B. M. Stuart, M.D.		23b. ADDRESS 329 Main, Boonville, Mo.	
23c. DATE SIGNED 9/27/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9-30-56		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	
24d. LOCATION (City, town, or county) (State) Boonville, Missouri		DATE REC'D BY LOCAL REG. 9/27/56	
REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller Boonville, Mo.	

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

381

OCT 15 1956

FEB 11 1957

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 *E. F. Bolter*.....

Licensed Embalmer No. 3062.....

P. O. Address..Boonville,..M

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.