

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22 Deyou 1309
State File No. _____

S. No. 300
10-48

FILED OCT 1 - 1956

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>111</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, give RURAL and give town) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY OR TOWN <u>Brookfield</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>150 E. Clark</u>				e. STREET ADDRESS (If rural, give location) <u>150 E. Clark</u> 05870				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u> b. (Middle) <u>EMMALINE</u> c. (Last) <u>BASKETT</u>			4. DATE OF DEATH Month <u>Sept</u> (Day) <u>23</u> (Year) <u>1956</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIAGE STATUS NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED (Specify) _____		8. DATE OF BIRTH <u>Nov-5-1865</u>		
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>		IF UNDER 1 YEAR Hours _____ Mins. _____		IF UNDER 2 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>at Home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe Co Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Daniel Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Kincaid</u>		13c. NAME OF HUSBAND OR WIFE <u>Frank Baskett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Balter Smith</u> ADDRESS <u>Brookfield 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>Coronary thrombosis & occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis generalizd</u> DUE TO (c) <u>Senility</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>Dec 28, 1953</u> , to <u>Sept 23, 1956</u> , that I last saw the deceased alive on <u>Sept 22, 1956</u> , and that death occurred at <u>10:09</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>John R. Dufur M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>9-24-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-26-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		
DATE REC'D BY LOCAL REG. <u>SEPT 26-1956</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

1678

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 *J. R. Blacklock*.....

Licensed Embalmer No. *224*.....

P. O. Address *Brookfield*.....

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.