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Reg. #1930 FILED NOV 19 1956

SL #11382

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

39212

STATE FILE NUMBER

9147

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Kentucky b. COUNTY Ballard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Wickliffe Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration Hospital Length of stay in lb 13 days | | d. STREET ADDRESS (If outside, give location) Route #1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First FRED Middle J. Last BASS | | | 4. DATE OF DEATH Month October Day 7 Year 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10/13/97 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Needmore, Kentucky | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME George Bass | | | 14. MOTHER'S MAIDEN NAME Mattie Kanady | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII-1 | | 16. SOCIAL SECURITY NO. 406-01-0848 | | 17. INFORMANT VA Hosp. Records, St. Louis, Mo. | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE UPPER LOBE, RIGHT LUNG | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. Attended the deceased from 9/24/56 to 10/7/56 and last saw him alive on 10/7/56 Death occurred at 3:35 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE W. Johnson (Degree or title) M.D. | 22b. ADDRESS VAH, St. Louis, Mo. | 22c. DATE SIGNED 10/7/56 |
| 23a. BURIAL CREMATION, REMOVAL (Specify) Removal | 23b. DATE 10/7/56 | 23c. NAME OF CEMETERY OR CREMATORY Wickliffe, Ky. |
| 23d. LOCATION (City, town, or county) (State) Wickliffe, Ky. | | |

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| 24. FUNERAL DIRECTOR Edward Fendler Mortuary 5611 S Grand Bl. | 25. DATE RECD. BY LOCAL REG. OCT 8 1956 | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. |
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(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *George J. Schenck*
Licensed Embalmer No. *76*

P. O. Address *56118*

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.