

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13830**

FILED APR 30 1957

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **4293** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELSBERRY		c. CITY OR TOWN ELSBERRY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 815 LINCOLN		e. STREET ADDRESS (If rural, give location) 815 LINCOLN 0570	

3. NAME OF DECEASED (Type or Print) a. (First) LEMUEL b. (Middle) THOMAS c. (Last) BASKETT		4. DATE OF DEATH (Month) (Day) (Year) APRIL 15 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 19, 1874
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	11. BIRTHPLACE (City and State or Foreign Country) RFD - ELsberry, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13. BIRTHPLACE (City and State or Foreign Country) RFD - ELsberry, Mo	

13a. FATHER'S NAME William H. BASKETT	13b. MOTHER'S MAIDEN NAME ELIZABETH SANDERS	14. NAME OF HUSBAND OR WIFE LAURA GLADNEY BASKETT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME LAURA BASKETT - ELsberry, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH 12 DAYS
2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE	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) (Min.)	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 **4/14**, 1957, to **4/15**, 1957, that I last saw the deceased alive on **4/14**, 1957, and that death occurred at **4:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS ELSBERRY, MO	23c. DATE SIGNED 4/17/57
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 17, 1957	24c. NAME OF CEMETERY OR CREMATORY SANDERS - COX
24d. LOCATION (City, town, or county) (State) RFD - Elsberry, Mo	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS ELsberry, Mo.	
DATE REC'D BY LOCAL REG. 4/26/57	REGISTRAR'S SIGNATURE [Signature]	

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

0570

4550

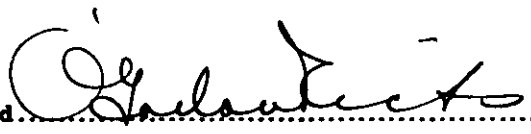
APR 22 1958

APR 30 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.....


Licensed Embalmer No. 4012
P. O. Address Elsberry, Mo.

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.