

FILED MAR 3 - 1958

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-004376

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY OR TOWN Lamar		c. CITY OR TOWN Lamar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS 1803 Jackson	
3. NAME OF DECEASED (Type or print) First JAMES Middle ALPHERD Last BASS		4. DATE OF DEATH Month Feb Day 21 Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 21 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and state or country) Dade County, Missouri
13a. FATHER'S NAME George W. Bass		13b. MOTHER'S MAIDEN NAME Elizabeth ?	14. NAME OF HUSBAND OR WIFE Laura Mae Beckley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Laura Mae Bass, Lamar, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Cerebral Thrombosis</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>2 wks.</i>
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 _____		20d. INJURY OCCURRED WHILE AT <input 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. I attended the deceased from <i>Feb 57</i> to <i>Feb 21, 58</i> and last saw him alive on <i>Feb 21, 58</i> Death occurred at _____ 8:20 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. R. Cain MD</i> (Degree or title)		22b. ADDRESS <i>Lamar, Mo</i>	
22c. DATE SIGNED <i>2/24/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>Feb 24 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Lamar, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Konantz Funeral Home, Lamar, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 24 1958</i>	26. REGISTRAR'S SIGNATURE <i>Marie Konantz</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Norman S. Thompson*

Licensed Embalmer No. *4816*

P. O. Address *Lamar, Md.*

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.