

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008734
STATE FILE NUMBER

FILED APR 8 1958

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 36

300
-57

068

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in 1b 22 days	d. STREET ADDRESS (If outside, give location) 1600 Gulf		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LENORA FANNIE RUNION BASS			4. DATE OF DEATH Month Day Year April 2 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov 9 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Calhoun, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Samuel Scott Onwiler		13b. MOTHER'S MAIDEN NAME Fannie Miller Reaves		14. NAME OF HUSBAND OR WIFE Andrew Bass (Divorced)	
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. 488-32-7869	17. INFORMANT Address Mrs. Virginia Medlin, 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) Intestinal obstruction - Post-operative					INTERVAL BETWEEN ONSET AND DEATH March 14, 58 April 1957 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diverticulitis & diverticulas					
DUE TO (c) multiple adhesions of small bowel.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia, Rt lung March 18, 58					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 Mrs. 16, 1957 to April, 1958 and last saw her ^{living} alive on April 2, 1958 Death occurred at 3:40 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Jean T. Diebel, M.D.			22b. ADDRESS Lamar, Mo.		22c. DATE SIGNED 4/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Apr 4 1958	23c. NAME OF CEMETERY OR CREMATORY Howell		23d. LOCATION (City, town, or county) (State) Milford, Missouri
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		ADDRESS		25. DATE RECD. BY LOCAL REG. APR 4 - 58	26. REGISTRAR'S SIGNATURE Marie Konantz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in referring to 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 J. Thompson*

Licensed Embalmer No. *4816*

P. O. Address *Lamar, 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.