THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-021727
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 93

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|---|---|
| 1. PLACE OF DEATH a. COUNTY: Howard | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Howard |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Fayette, Mo. Inside Limits: Yes [X] No [ ] | c. CITY OR TOWN: Fayette 0451 0 Inside Limits: Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): New Addition Length of stay in 1b: 60 yrs | d. STREET ADDRESS (If outside, give location): ----- Reside on Farm: Yes [ ] No [ ] |

3. NAME OF DECEASED (Type or print): First LENA Middle Last BASKETT

4. DATE OF DEATH: Month May Day 21 Year 1958

5. SEX: Female 3

6. COLOR OR RACE: Colored

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: Feb. 15, 1878

9. AGE (In years last birthday): 80 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Howard County, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: John Baskett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mary Ann Turner Address: Fayette, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral Eteromboris — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 332 X

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 [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 May 20, to May 21 and last saw her/him alive on May 21, 1958. Death occurred at 2 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. P. Leeds M.D.

22b. ADDRESS: Fayette, Mo

22c. DATE SIGNED: 5/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/25/1958

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county) (State): Fayette, Missouri

24. FUNERAL DIRECTOR: Ralph A. Carr ADDRESS: Fayette, Mo.

25. DATE RECD. BY LOCAL REG.: 5/24/58

26. REGISTRAR'S SIGNATURE: Mary K. Shell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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, ~~only~~ ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, M

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.