

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024439

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 279

Primary Registration District No. 4287

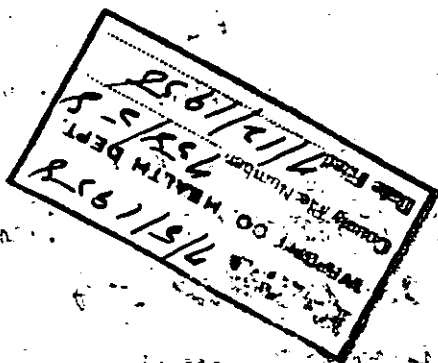
Registrar's No. 23

1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MANSfield				Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN MANSfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home				Length of stay in 1b —		d. STREET ADDRESS (If outside, give location) Rt. 1	
3. NAME OF DECEASED (Type or print) Elmer Elijah Baskett				4. DATE OF DEATH June 28 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 Oct. 15, 1898	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Foreman				10b. KIND OF BUSINESS OR INDUSTRY Railroad		9. AGE (In years last birthday) 59	
11. BIRTHPLACE (City and state or country) Wright County Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME JAMES Baskett				14. MOTHER'S MAIDEN NAME Emaline Hester			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. —		17. INFORMANT Ada Baskett Address MANSfield MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis, acute							INTERVAL BETWEEN ONSET AND DEATH FEW min.
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.							DUE TO (b) 4301
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 <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 —							
20d. INJURY OCCURRED WHILE AT WORK <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.) 4-7-58		20f. CITY, TOWN, OR LOCATION 6-28		COUNTY — STATE —	
21. I attended the deceased from 4-7-58 to 6-28 and last saw her alive on 6-25							
Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. Lemmon (Degree or title) MD				22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 7-1-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE July 1, 1958		23c. NAME OF CEMETERY OR CREMATORY Seymour		23d. LOCATION (City, town, or county) (State) Seymour MO.	
24. FUNERAL DIRECTOR Mat S Miller ADDRESS Mansfield Mo				25. DATE RECD. BY LOCAL REG. 7-3-58		26. REGISTRAR'S SIGNATURE —	

(Licensed Embalmer's Statement on Reverse Side)

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



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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 *Max L Miller*

Licensed Embalmer No. *47*

P. O. Address *Margie*

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.