

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41377-58

58-029015

STATE FILE NUMBER

FILED SEP 5 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3960

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Sedalia 0804	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Mercy		d. STREET ADDRESS 405 W 14th Street	
Length of stay in 1b 5 days		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Pamela Middle Diane Last Bass		4. DATE OF DEATH Month 8 Day 17 Year 58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ ~~WIDOWED~~ ☒ DIVORCED ☐	8. DATE OF BIRTH 6-26-58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (City and state or country) Sedalia, Missouri	
13a. FATHER'S NAME James Bass		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Mrs. Dorothy Bass	
16. SOCIAL SECURITY NO. None		Address 405 W 14th Sedalia, 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) Thrombosis of ductus arteriosus Transposition of great vessels Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 7547 DUE TO (c) congenital 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 1-2 days
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. Month, Day, Year p.m.		20f. CITY, TOWN, OR LOCATION Sedalia COUNTY Missouri STATE Mo.	
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.)	
21. I attended the deceased from 8/12/58 to 8/17/58 and last saw her alive on 8-17-58 Death occurred at 5:55 p m on the date stated above; and to the best of my knowledge, from the causes stated.		22b. ADDRESS 1710 Independence Avenue K.C., Mo.	
22a. SIGNATURE Wayne Bass MD		22c. DATE SIGNED 8-17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-17-58	
23c. NAME OF CEMETERY OR CREMATORY Smithton cem		23d. LOCATION (City, town, or county) Sedalia Mo. (State)	
24. FUNERAL DIRECTOR Deane Ewing		25. DATE RECD. BY LOCAL REG. 8-17-58	
ADDRESS Sedalia		26. REGISTRAR'S SIGNATURE Reva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Wayne Bass
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 *Donald R. Bellmer*

Licensed Embalmer No. 4992

P. O. Address *Seaside, Calif.*

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.