

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033160

STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 215

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit		c. CITY OR TOWN Lee's Summit 7001 C	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6th St. & MOP Tracks 6 yrs		d. STREET ADDRESS (If outside, give location) 406 W. 1st.	
3. NAME OF DECEASED (Type or print) First Middle Last Elmer Martin Basye			4. DATE OF DEATH Month Day Year Oct. 10 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Junior High School Troy, Missouri	11. BIRTHPLACE (City and state or country) USA
13a. FATHER'S NAME Ernest O Basye		13b. MOTHER'S MAIDEN NAME Rose Akers	14. NAME OF HUSBAND OR WIFE Thelma Basye
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. 487-14-9521	17. INFORMANT Address Mrs. Thelma Basye, Lee's Summit, 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) Skull crushed several fractures chest & extremities DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) History of Insufflation			INTERVAL BETWEEN ONSET AND DEATH 2
20a. ACCIDENT <input checked="" 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.) Car & Train Collision	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 10-10-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. Crossing	
20e. CITY, TOWN, OR LOCATION Lee's Summit		20f. COUNTY STATE Jackson MO	
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh H Owens Coroner		22b. ADDRESS 1034 Pacific Bldg	
22c. DATE SIGNED 10/10/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Oct. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Langsford Funeral Home		25. DATE RECD. BY LOCAL REG. 10-10-1958	
ADDRESS Lee's Summit, Missouri		26. REGISTRAR'S SIGNATURE N. B. Langsford	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Recovery, exhumation, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *N. B. Longacre*
Licensed Embalmer No. *4962*

P. O. Address *Lee's Summit*

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.