

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035766  
STATE FILE NUMBER

FILED OCT 16 1958 Registration District No. 65 Primary Registration District No. 4112 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Chariton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Dalton</b>		c. CITY OR TOWN <b>Dalton,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lst. Baptist Church-1-hr.</b>		d. STREET ADDRESS <b>Dalton, Missouri</b>	

3. NAME OF DECEASED (Type or print) <b>William Edward Basey Jr.</b>			4. DATE OF DEATH <b>Oct. 12th 58</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 1, 1884</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>L.U. Farm</b>	11. BIRTHPLACE (City and state or country) <b>Dalton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Williams Edward Basey</b>			14. MOTHER'S MAIDEN NAME <b>Lucy Ann Johnson</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>492-36-9457</b>	17. INFORMANT <b>Mrs. Bertha O. Basey, Dalton, Missouri</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Dead on arrival</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Dead on arrival</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>7955</b>		

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 <b>Hour Month, Day, Year</b>			
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>noon</b> to <b>7:15 p.</b> and last saw <b>him</b> alive on <b>7:15 p.</b> Death occurred at <b>7:15 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>2</b>		22b. ADDRESS <b>Brunswick Mo</b>	
		22c. DATE SIGNED <b>Oct 14-58</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	23b. DATE <b>10/18/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Dalton, Mo. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Dalton, Chariton, Missouri</b>
24. FUNERAL DIRECTOR <b>George H. Green</b> ADDRESS <b>Marshall Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Oct 15-1958</b>	26. REGISTRAR'S SIGNATURE <b>M. Boone - Dovie Smith</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300 1-56  
3  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 20 1964

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 *George H. Green*,  
Licensed Embalmer No. *427*

P. O. Address *Marshall*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.