

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043596

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 370

300  
1-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 728 E. Capitol		d. STREET ADDRESS (If outside, give location) 728 E. Capitol	
3. NAME OF DECEASED (Type or print) First Middle Last George Henry Bassman		4. DATE OF DEATH Month Day Year December 28, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 18, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
13a. FATHER'S NAME George C. Bassman		13b. MOTHER'S MAIDEN NAME Margaret Sahr	14. NAME OF HUSBAND OR WIFE Edith Hoerschen Bassman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 490-09-4478	17. INFORMANT Address Miss Georgeann Bassman 728 E. Capitol J.C., 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) Carcinoma of the lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) _____			INTERVAL BETWEEN ONSET AND DEATH 8 months
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 a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/28/58 to 12/28/58 and last saw him alive on 12-27-58 Death occurred at 9:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John D. Hawthorn, MD		22b. ADDRESS 302 Bellevue	
22c. DATE SIGNED 12-29-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 30, 1958	
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) Jefferson City, Mo.	
24. FUNERAL DIRECTOR Address		25. DATE RECD. BY LOCAL REG. 29 Dec 1958	
26. REGISTRAR'S SIGNATURE R.P. Harris, MD-DR			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JAN 7 1959

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 *Octo Prescher*

Licensed Embalmer No. *3701*

P. O. Address *JCmo*

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.