

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044974

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED DEC 22 1958 Registration District No. 226 Primary Registration District No. 4337 Registrar's No. 60

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Madison <u>0698</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 23 yrs			
3. NAME OF DECEASED (Type or print) First ROSIE Middle ELIZABETH Last BASSETT			4. DATE OF DEATH Month Dec Day 15 , Year 1958
5. SEX Female	6. COLOR OR RACE Black	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1898 June 6, 1898
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Monroe Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Will. Bassett		13b. MOTHER'S MAIDEN NAME Lizzie Heathman	14. NAME OF HUSBAND OR WIFE Willard Bassett
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. None	17. INFORMANT Address Willard Bassett Madison, 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 Cervix			INTERVAL BETWEEN ONSET AND DEATH 6 mo
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) 171X			
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.) 171X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
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.) Madison	20f. CITY, TOWN, OR LOCATION Madison STATE Missouri
21. I attended the deceased from Nov 25 / 58 to 12-15-58 and last saw her alive on 12-13-58 . Death occurred at 4:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. Smith MD (Degree or title)		22b. ADDRESS 312 1/2 Wood Moberly, Mo.	22c. DATE SIGNED 12-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-17-58	23c. NAME OF CEMETERY OR CREMATORY Dunaway Cem.	23d. LOCATION (City, town, or County) (State) Madison, Mo.
24. FUNERAL DIRECTOR J. R. Markler ADDRESS Madison, Mo.		25. DATE RECD. BY LOCAL REG. Dec 19-1958	26. REGISTRAR'S SIGNATURE Elaine Robertson

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 *Joseph R. Mackler*

Licensed Embalmer No. *4571*
P. O. Address *Mashon, On*

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.