

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006023

STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 146 Primary Registration District No. 4238 Registrar's No. 94

300
-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) Buckner		c. CITY OR TOWN Buckner Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) Buckner, Mo.		d. STREET ADDRESS (If outside, give location) None	
Length of stay in lb 50 yrs.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Alva Middle E. Last Bass		4. DATE OF DEATH Month Feb. Day 21 , Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒	8. DATE OF BIRTH July 9, 1885
9. AGE (In years last birthday) 73		10. FUNDERS YEAR Months 73 Days 73 Hours 73 Min. 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nightwatchman		10b. KIND OF BUSINESS OR INDUSTRY Badger Lumber Co.	
11. BIRTHPLACE (City and state or country) Lone Jack, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jas. A. Bass		13b. MOTHER'S MAIDEN NAME Columbia Chisolm	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.I	
16. SOCIAL SECURITY NO. 499-10-2105A		17. INFORMANT Billie W. Bass, 2909 Santa Fe, Indep., 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) Cachexia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of mouth DUE TO (c) 12 mo. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 144 X			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 144 X	
20c. TIME OF INJURY Hour 5:45 Month, Day, Year Feb 21, 1959 a.m. p.m.		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Indep., Mo.		20f. CITY, TOWN, OR LOCATION Indep., Mo.	
21. I attended the deceased from Feb 7, 1959 to Feb 21, 1959 and last saw him alive on Feb 21, 1959 Death occurred at 5:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John L. Wheeler D.O.	
22b. ADDRESS Buckner, Mo.		22c. DATE SIGNED 2-23-59	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-24-59	
23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		23d. LOCATION (City, town, or county) (State) Indep., Mo.	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 2-24-59	
26. REGISTRAR'S SIGNATURE James L. King		27. REGISTRAR'S SIGNATURE James L. King	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Raymond F. Hernandez

Licensed Embalmer No. *4266*

P. O. Address *Independence*

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.