

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009275

STATE FILE NUMBER

FILED MAR 19 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1060

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>3026 E 32nd</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>H</u> Last <u>BASS</u>		4. DATE OF DEATH Month <u>2</u> Day <u>26</u> Year <u>59</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-15-77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Drasden, Mo.</u>	
13a. FATHER'S NAME <u>George Bass</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Bass</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Minnie Bass</u> Address <u>Drasden, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>3:15</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe dehydration & malnutrition</u>		INTERVAL BETWEEN ONSET AND DEATH	
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 <u>5:00 A.M.</u> Month, Day, Year <u>2-24-59</u>		20d. INJURY OCCURRED WHILE AT <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 <u>Drasden, Mo.</u>	
21. I attended the deceased from <u>2-24-59</u> to <u>2-26-59</u> and last saw him alive on <u>2-26-59</u> Death occurred at <u>5:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Abraham Gelpin</u> (Degree or title)	
22b. ADDRESS <u>Gen. Hosp. #1</u>		22c. DATE SIGNED <u>2-26-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>3-3-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Drasden, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Drasden, Mo.</u>	
24. FUNERAL DIRECTOR <u>Abraham Gelpin</u> ADDRESS <u>Drasden, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-26-59</u>	
26. REGISTRAR'S SIGNATURE <u>Reva Minshall</u>		27. EMBALMER'S SIGNATURE <u>Sedalia</u>	

All diseases in Part I must be causally related.

Abraham Gelpin, M.D. MEDICAL CERTIFICATION

XP
5

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



Licensed Embalmer No. 4248

P. O. Address, [unclear]

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.