

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-026224**

**FILED VS JUL 29 1959**

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 159

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Length of stay in 1b <b>68 Yrs.</b>		c. CITY OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>737 W. Rollins St.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>737 W. Rollins St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>RUTH</b> Middle <b>IRENE</b> Last <b>BASSETT</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>23</b> Year <b>1959</b>							
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-3-1887</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Nevada, Missouri</b>		11. BIRTHPLACE (City and state or country) <b>USA</b>					
13a. FATHER'S NAME <b>John Irons</b>			13b. MOTHER'S MAIDEN NAME <b>Clemmons</b>			14. NAME OF HUSBAND OR WIFE <b>J. E. Bassett</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>J. E. Bassett</b>			Address <b>Moberly</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>Hypertensive cardiovascular Disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>			
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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.)						
20c. TIME OF INJURY Hour <b>7:30</b> a.m. <b>59</b> Month, Day, Year <b>July 23 59</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 <b>Moberly Mo</b>		COUNTY STATE	
21. I attended the deceased from <b>July 23 59</b> to <b>July 23 59</b> and last saw her/him live on <b>July 23 59</b> Death occurred at <b>July 23 59 7:30p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <i>Thos. S. Fleming MD</i> (Degree or title)					22b. ADDRESS <b>Moberly Mo</b>		22c. DATE SIGNED <b>7/23</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 25 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>		23d. LOCATION (City, town, or county) <b>Moberly</b>		23e. STATE <b>Mo.</b>			
24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b> ADDRESS <b>Moberly</b>				25. DATE RECD. BY LOCAL REG. <b>7-25-59</b>		26. REGISTRAR'S SIGNATURE <i>Leaherlowe</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 9 1956

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John W. Green

Licensed Embalmer No. 3815

P. O. Address Moberly, Mo.

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