

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 13 1959

59-031951

Registration District No. 120

Primary Registration District No.

Registrar's No. 89

STATE FILE NUMBER

| | | | | | | | |
|--|------------------------------|---|-------------------------------------|---|---|--|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Gentry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany | | Length of stay in 1b lifetime | | c. CITY OR TOWN Albany | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 107 S. Dallas | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 107 S. Dallas | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Vernon Middle Eugene Last Bass | | | | 4. DATE OF DEATH Month September Day 26 Year 1959 | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/23/02 | 9. AGE (last birthday) 56 | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retail merchant | | 10b. KIND OF BUSINESS OR INDUSTRY farming equipment & tobacco | | 11. BIRTHPLACE (City and state or country) Davis City, Iowa | | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME William E. Bass | | 13b. MOTHER'S MAIDEN NAME Rachel White | | 14. NAME OF HUSBAND OR WIFE Louise Whitton Bass | | | |
| 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. | | 17. INFORMANT Address Mrs. Vernon E. Bass Albany, 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) Acute Myocarditis | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 day | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes | | | | | | Not Known | |
| DUE TO (c) Heart and Blood Vessels | | | | | | Unknown | |
| 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 a.m. p.m. Month, Day, Year | | | | | | | |
| 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 | | COUNTY | STATE |
| 21. I attended the deceased from Feb. 1959 to 26 September 59 and last saw him alive on 26 Sept. 59 | | Death occurred at 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Dr. D. W. Miller (Degree or title) D.O. | | 22b. ADDRESS Albany, Missouri | | 22c. DATE SIGNED Oct. 1, 59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE Oct. 2, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY Grandview | | 23d. LOCATION (City, town, or county) (State) Albany, Missouri | |
| 24. FUNERAL DIRECTOR Clifford Brooks | | ADDRESS Albany, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-4-59 | | 26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 14 1959

MS AUG 16 1960

MS JUL 7 1960

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coohelf

Licensed Embalmer No. 4868

P. O. Address Albany, Missouri

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.