

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59-032210

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4603 STATE FILE NUMBER

DED

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|---|----------------------------------|---|-------------------------------------|--|--|---|--|
| 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) OR TOWN Kansas City | | Length of stay in 1b 47 yrs | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 6315 Morningside Drive. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Frank Middle G. J. Last Bassett | | | | 4. DATE OF DEATH Month September Day 20 Year 1959 | | | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11-11-86 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months 72 Days 0 Hours 0 Min. 0 | | IF UNDER 24 HR Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DISTRICT REPRESENTATIVE | | 10b. KIND OF BUSINESS OR INDUSTRY MILLER BREWING | | 11. BIRTHPLACE (City and state or country) LA CROSSE WISC. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME UNKNOWN BASSETT | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE MAY MARIE BASSETT | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW1 | | 16. SOCIAL SECURITY NO. UNKNOWN | | 17. INFORMANT Address MAY MARIE BASSETT 6315 MORNING SIDE DR. | | | |
| 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 thrombosis - Rt. coronary artery DUE TO (b) Hypertension, E.S.S. DUE TO (c) Generalized arteriosclerosis - Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis - Hypertension 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 | | | | | | INTERVAL BETWEEN ONSET AND DEATH Acute Yrs. 0 | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 3:30 p.m. Month, Day, Year April 1955 | | 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 KANSAS CITY, MO. | |
| 21. I attended the deceased from April 1955 to 9-20-59 and last saw him alive on Aug 13, 1959 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | 22a. SIGNATURE (Degree or title) B. Marcus Heller, M.D. | | | |
| 22b. ADDRESS 409 E. 63rd | | 22c. DATE SIGNED 9-21-59 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | | |
| 23b. DATE SEPT 23, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM | | 23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO. | | | |
| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO. | | 25. DATE RECD. BY LOCAL REG. 9-22-59 | | 26. REGISTRAR'S SIGNATURE Neva Marshall | | | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

Marcus Heller

BY AFFIDAVIT OF

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 Albert H. Savage

Licensed Embalmer No. 4812

P. O. Address Monroe City

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.