

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-039913

5705

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 - 16 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP.			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 5118 INDIANA AVE.		Reside on Farm Yes ☐ No ☐
3. NAME OF DECEASED (Type or print) First Frances Middle NAOMI Last Bashford				4. DATE OF DEATH Month 11 Day 26 Year 59			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH MAR. 27, 1917	9. AGE (last birthday) 42yrs.	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) REGISTERED NURSE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST. JOSEPH MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JAMES R. SMITH			13b. MOTHER'S MAIDEN NAME ESTHER VANDOVER		14. NAME OF HUSBAND OR WIFE LANCELOT BASHFORD		
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. 353 14 8649		17. INFORMANT LANCELOT BASHFORD 5118 INDIANA		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LYMPHO SARCOMA LARGE BOWEL - EXTENSIVE REGIONAL METASTASES Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
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. ☐ Yes ☒ No ☐ Unknown	
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.)					
20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐						
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 5-31-50 to 11-26-59 and last saw her alive on 11-26-59 Death occurred at 6 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) O. C. Quistgard M.D.				22b. ADDRESS 6241 Prospect Ave		22c. DATE SIGNED 11-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL Removal		23b. DATE NOV 30, 1959		23c. NAME OF CEMETERY OR CREMATORY ASHLAND CEM		23d. LOCATION (City, town, or county) (State) ST. JOSEPH MO.	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 11-27-59		26. REGISTRAR'S SIGNATURE Nora Minshall	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Quistgard MEDICAL CERTIFICATION

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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K.C. Mo.

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.