

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

STATE FILE NUMBER
6199 - 59-046710

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6199

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Cloud</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City Mo</i>	Length of stay in 1b <i>1 Day</i>	c. CITY OR TOWN <i>Concordia Ke</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>8415 Pennsylvania</i>		d. STREET ADDRESS (If outside, give location) <i>231 W. 10th St</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>John Clarence Bassom</i>			4. DATE OF DEATH Month Day Year <i>12-25-1959</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11-10-1895</i>	9. AGE (last birthday) <i>64</i>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Harpur Brush Co</i>	11. BIRTHPLACE (City and state or country) <i>New York State</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>John Bassom</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Ethel Bassom</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>yes World War I</i>	16. SOCIAL SECURITY NO. <i>076-10-8771</i>	17. INFORMANT Address <i>Edith Bassom 8415 Penn. Kern</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Atherosclerotic Heart Disease</i>	
	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
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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.)
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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
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Dr. C. Kealhofer, M.D. Deputy Coroner</i>	22b. ADDRESS <i>6627 Park St S Eau Claire</i>	22c. DATE SIGNED <i>12-29-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>12-27-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Binghamton New York</i>
24. FUNERAL DIRECTOR <i>France Wornell Funeral Home Kern</i>	25. DATE RECD. BY LOCAL REG. <i>12-26-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

DOCUMENT
BY AFFIDAVIT OF
C. Kealhofer MEDICAL CERTIFICATION

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 James C Anderson, Student Embalmer No. 597
working under my personal supervision.

Student James C Anderson
Signature of Student Embalmer

Signed Russell N. Francis

Licensed Embalmer No. 425

P. O. Address K.C.M.

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.