

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002486

LED VS JAN 19 1960

INDEXED

Registration District No. 207 Primary Registration District No. Registrar's No. 39(4)

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Maries</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Maries</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Vienna, Mo.</b>		Length of stay in 1b <b>65Yrs</b>		c. CITY OR TOWN <b>Vienna, Mo.</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>His Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Edward</b> Last <b>Bassett</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>10,</b> Year <b>1960.</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/4/1871</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>6</b>		IF UNDER 24 HR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Postmaster</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>New York Stae</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Freeman Bassett</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ida 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.		17. INFORMANT Address <b>L. J. Bassett, Vienna, Mo.</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>BASILAR ARTERY THROMBOSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>GENERALIZED ARTERIO SCLEROSIS</b> DUE TO (c) <b>1/2 YRS</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b>	
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. <b>N.A.</b> <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"/> <b>NATURAL</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>NO INJURY</b>				
20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>		Month, Day, Year <b></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		COUNTY	STATE
21. I attended the deceased from <b>Jan 7, 1960</b> to <b>Jan 10, 1960</b> and last saw her alive on <b>Jan 10, 1960</b> Death occurred at <b></b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>William P. Kelly</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Box 306, Dixon, Mo.</b>		22c. DATE SIGNED <b>Jan 13, 60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/13/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Vienna Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Vienna, Mo.</b>	
24. FUNERAL DIRECTOR <b>W. O. Cunningham</b>		ADDRESS <b>Vienna, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Jan 14-60</b>		26. REGISTRAR'S SIGNATURE <b>Thos. W. Hutchinson</b>	

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 19 1910

**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

*W. C. Birmingham*

Licensed Embalmer No.

*3664*

P. O. Address

*Merina*

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.