

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-011770

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. Registrar's No. 16

ENDED

1. PLACE OF DEATH a. COUNTY MARIES				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MARIES			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Township		Length of stay in 1b		c. CITY OR TOWN BELLE MO		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hy 28 South ABELLE		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) 4 mi S.E BELLE MO		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First FREDDY Middle JAMES Last BASHAM				4. DATE OF DEATH Month 4 Day 2 Year 1960			
5. SEX MALE	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4/16/47	9. AGE (last birthday) 12	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (City and state or country) BELLE MO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME FRED JAMES BASHAM		13b. MOTHER'S MAIDEN NAME Dorothy Virginia Butler		14. NAME OF HUSBAND OR WIFE NONE			
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. NONE		17. INFORMANT Address Mrs. Fred Basham Belle 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) ☒ Fractured Neck DUE TO (b) Automobile accident DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
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 10:30 P Month, Day, Year 4/2/60							
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.) Highway 28 Two miles		20f. CITY, TOWN, OR LOCATION South of Belle, Mo.		COUNTY Maries Co.		STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at 10:30P m on the date stated above, and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE [Signature] (Degree or title) Coroner			22b. ADDRESS Vienna, Mo.			22c. DATE SIGNED 4/4/60	
23a. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL	23b. DATE 4/4/60	23c. NAME OF CEMETERY OR CREMATORY LIBERTY		23d. LOCATION (City, town, or county) (State) NEAR BELLE MO			
24. FUNERAL DIRECTOR [Signature] ADDRESS Belle mo		25. DATE RECD. BY LOCAL REG. 4-4-60		26. REGISTRAR'S SIGNATURE Noelle Stetson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Emmanuel Gues

Licensed Embalmer No. 4411

P. O. Address Belle me

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.