

MO DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013787

FILED VS MAR 21 1960

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u>		c. CITY OR TOWN <u>STE. GENEVIEVE</u>	
Length of stay in lb <u>LIFE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HIGHWAY # 61</u>		d. STREET ADDRESS (If outside, give location) <u>11 ST JOSEPH DR</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ALOYSIUS JAMES BASLER</u>			4. DATE OF DEATH Month Day Year <u>MAR 9 1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/12/34</u>	9. AGE (last birthday) <u>25</u>	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) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIME CO</u>		11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE MO USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>THOMAS BASLER</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINE KLIN</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W. WAR 2</u>		16. SOCIAL SECURITY NO. <u>495-34-5598</u>		17. INFORMANT Address <u>Clarence Basler Ste. Genevieve Mo</u>		

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 <u>3000N</u>
IMMEDIATE CAUSE (a) <u>CRUSHED SKULL</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>COLLISION WITH A TRUCK</u>	
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	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>COLLISION WITH A TRUCK</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>1:15 P 3/9/60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>MO HIGHWAY # 61</u>		
20e. CITY, TOWN, OR LOCATION <u>STE. GENEVIEVE MO</u>		20f. COUNTY STATE <u>MO</u>	

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) <u>Les C. Basler Coroner</u>		22b. ADDRESS <u>Ste. Genevieve Mo</u>		22c. DATE SIGNED <u>3/15/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>3/12/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VALLE SPRING</u>	23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Les C. Basler Ste. Genevieve Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3/23/60</u>	26. REGISTRAR'S SIGNATURE <u>Lucille Barber</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

351 23 811

MAR 25 1960

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

*Russell M. Bill*

Licensed Embalmer No. *4375*

P. O. Address *St. Louis 23, Mo*

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.