

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

60-015141

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2289 STATE FILE NUMBER

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City,</b>                 |  | Length of stay in 1b<br><b>6 yrs</b>  | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Queen of the World</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>3210 E. 23rd Street</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Henry</b> Middle <b>S.</b> Last <b>Bassett</b>                        |                                  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>21</b> Year <b>1960</b>         |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Negro</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1/6/1884</b>   | 9. AGE (last birthday)<br><b>76</b>                            | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farmer</b>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Arkansas, Monticello USA</b> |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
| 13a. FATHER'S NAME<br><b>Riley Bassett</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Jane Hudspeth</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Arnettie Bassett</b>         |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |   | 17. INFORMANT Address<br><b>Ahra Greene 4021 Bellefontaine</b> |   |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hypertensive cardio vascular disease</b><br>DUE TO (b) <b>with cerebral hemorrhage pulmonary emboli</b><br>DUE TO (c) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |  |              |
|---|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>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.)           |              |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____                 |   | 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 **4-12 -60** to **4-21-60** and last saw her alive on **4-21-60**  
Death occurred at **12:40** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                             |   |                                    |
|---|-----------------------------|---|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>Royce B. Fleming, M.D.</b> |                             | 22b. ADDRESS<br><b>1433 E-19th St</b>                         | 22c. DATE SIGNED<br><b>4-23-60</b> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>       | 23b. DATE<br><b>4-25-60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>McGhee, Arkansas</b> |                                    |

|   |  |   |
|---|--|---|
| 24. FUNERAL DIRECTOR<br><b>Watkins Bros. Funeral Home 18th &amp; Benton</b> | 25. DATE RECD. BY LOCAL REG.<br><b>4-25-60</b> | 26. REGISTRAR'S SIGNATURE<br><b>Newa Minshall</b> |
|---|--|---|

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
Royce B. Fleming

**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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18<sup>th</sup> & 2<sup>nd</sup>

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.