

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS
INDEXED

JUL 26 1960

149

Primary Registration District No. 1002

Registrar's No.

3626

STATE FILE NUMBER

-60-026712

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 13 YEARS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 112 EAST 109TH TERRACE		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First E. Middle FERN Last BASKIN				4. DATE OF DEATH Month JULY Day 11 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH MAY 3, 1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE - HALL'S - SALES		10b. KIND OF BUSINESS OR INDUSTRY 1114 GRAND AVE. KANSAS CITY, MO.		11. BIRTHPLACE (City and state or country) OVERTON, NEBRASKA		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME A DAM T. BATIE		13b. MOTHER'S MAIDEN NAME CORDELIA M. THORNBURG		14. NAME OF HUSBAND OR WIFE WILLIAM BASKIN			
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. ---		17. INFORMANT MRS. A. T. BATIE 3637 MAIN STREET KANSAS CITY, 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) Transition DUE TO (b) Carcinomatous DUE TO (c) Carcinoma of Breast 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						INTERVAL BETWEEN ONSET AND DEATH	
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 a.m. p.m. Month, Day, Year							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 1960 to July 11, 1960 and last saw her alive on 7-11-60 Death occurred at 2:10 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. K. Skellman MD				22b. ADDRESS Kansas City, Mo		22c. DATE SIGNED 7-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JULY 13, 1960		23c. NAME OF CEMETERY OR CREMATORIUM NORTH PLATTE CEMETERY		23d. LOCATION (City, town, or county) (State) NORTH PLATTE NEBRASKA	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 9-13-60		26. REGISTRAR'S SIGNATURE Neva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

R. K. Skellman

BY AFFIDAVIT OF

AUG 10 1960

AUG 11 1960

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

Albert L. Sav

Licensed Embalmer No. 4812

P. O. Address Monroe

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.