

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-030427**  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4080

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>           | Length of stay in 1b <u>38 Years</u> | c. CITY OR TOWN <u>Kansas City</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3631 Troost</u> |                                      | d. STREET ADDRESS (If outside, give location) <u>3631 Troost</u>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Ernest</u> Middle <u>Lewis</u> Last <u>Basham</u> |                               |   | 4. DATE OF DEATH<br>Month <u>Aug</u> Day <u>9</u> Year <u>1960</u> |                                  |   |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-22-1896</u>                                 | 9. AGE (last birthday) <u>63</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u> |  |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Store</u> | 11. BIRTHPLACE (City and state or country) <u>Blue Springs, Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>Lewis D. Basham</u>   | 13b. MOTHER'S MAIDEN NAME <u>Sarah Moberly</u>        | 14. NAME OF HUSBAND OR WIFE <u>Clara Basham</u>                    |  |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> | 16. SOCIAL SECURITY NO. <u>487-16-6045</u> | 17. INFORMANT Address <u>Clara Basham 3631 Troost</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |   | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>  |   |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Myocardial Degeneration &amp; Cardiac</u> |                                  |
|  | DUE TO (c) <u>Decompensation</u>                        |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Two previous 'heart attacks' in recent years</u> | 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 |
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| 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"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>None</u> |
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| 20c. TIME OF INJURY<br>Hour <u>  </u> Month, Day, Year <u>None</u> | 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 |
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| 21. I attended the deceased from <u>5-18-60</u> to <u>7-30-60</u> and last saw him <u>XXX</u> alive on <u>7-30-60</u><br>Death occurred at <u>1:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Edw. H. Bird D.O.</u> | 22b. ADDRESS <u>6743 Paseo K.C., Mo.</u> | 22c. DATE SIGNED <u>8-1-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Aug 11, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Muehlebach 6800 Troost</u> | 25. DATE RECD. BY LOCAL REG. <u>8-9-60</u> | 26. REGISTRAR'S SIGNATURE <u>H.L. Dwyer</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF EDW. H. BIRD

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  \_\_\_\_\_

Licensed Embalmer No. 499

P. O. Address K. O. V.

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.