

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

=60-034374
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 973 IL

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Length of stay in 1b minutes | c. CITY OR TOWN Strafford Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Route 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| | | | | | | |
|---|----------------------------------|---|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First VELTA Middle INEZ Last BASS | | | 4. DATE OF DEATH Month August Day 16 Year 1960 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/14/00 | 9. AGE (last birthday) 59 | 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Brookline, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Elmer Pickering | | 13b. MOTHER'S MAIDEN NAME Minnie Garton | | 14. NAME OF HUSBAND OR WIFE Martin V. Bass | | |
| 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. Unknown | | 17. INFORMANT Martin V. Bass, Strafford, Missouri Address Route 2 | | |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Disseminating Infection - Septicemia

CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sub Hepatic abscess - from Ruptured Gall Bladder?

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH
6 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
acute pyelonephritis

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.)
Autopsy report received 9/17/60

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 8/16/60 to 8/16/60 and last saw her him alive on 8/16/60.
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)
Dr. Langston, MD W. Roland Langston MD

22b. ADDRESS
Springfield, Missouri

22c. DATE SIGNED
9/17/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
8/18/60

23c. NAME OF CEMETERY OR CREMATORY
Bass Chapel Cemetery

23d. LOCATION (City, town, or county)
Bassville, Missouri

24. FUNERAL DIRECTOR
Ayre-Goodwin

ADDRESS
Springfield, Mo.

25. DATE RECD. BY LOCAL REG.
9-21-60

26. REGISTRAR'S SIGNATURE
Effie S. Melton

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

Student _____
Signature of Student Embalmer

Signed Robert W. McDraw

Licensed Embalmer No. 473

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.