

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-034628

FILED VS OCT 3 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4731 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 25 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.E.Osteopathic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2549 Denver Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MAY Middle V. Last BASYE	4. DATE OF DEATH Month 9 Day 16 Year 60
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5. SEX Fe	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-14-99	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurses Aid	10b. KIND OF BUSINESS OR INDUSTRY Nursing Home	11. BIRTHPLACE (City and state or country) LaCygne, Kansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William E. Lindsey	13b. MOTHER'S MAIDEN NAME Laura Morris	14. NAME OF HUSBAND OR WIFE Frank S. Basye
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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) NO	16. SOCIAL SECURITY NO. 492-26-2058	17. INFORMANT Fred Lindsey, LaCygne, Kansas	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia.		INTERVAL BETWEEN ONSET AND DEATH 3 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) circulatory collapse	
	DUE TO (c) Surgical shock.	

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"/> N. <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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Sept 1 - 1960 to Sept 16 - 1960 and last saw her alive on Sept 16 - 1960 Death occurred at 2:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. W. Higgins (Degree or title) D.O.	22b. ADDRESS N. 40th Way, Blue Ridge Cut-off, Independence, Mo.	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-16-60	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) LaCygne, Kansas
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24. FUNERAL DIRECTOR Wagner Funeral Home, K. C. Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-17-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. W. Higgins

0961 5 100
OCT 5 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 Alvin R. Hansen

Licensed Embalmer No. 415

P. O. Address Haines

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.