

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041255

FILED VS NOV 29 1960

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>Camden</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage</b>		Length of stay in 1b <b>1 Day</b>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kaiser Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>8308 Mc Laren Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Kenneth Arthur Bass</b>				4. DATE OF DEATH Month Day Year <b>Nov. 24, 1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 19, 1909</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cashier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco Transport</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Michael Bass</b>		13b. MOTHER'S MAIDEN NAME <b>Freida Schaeffer</b>		14. NAME OF HUSBAND OR WIFE <b>Nina Jane Bass</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>702-03-4710</b>		17. INFORMANT Address <b>Mrs. Nina Jane Bass, St. Louis Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Paralysis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Due to (b) Cerebral Thrombosis</b> <b>Due to (c) Arteriosclerotic Cardiovascular Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertension</b>						INTERVAL BETWEEN ONSET AND DEATH <b>minutes</b> <b>minutes</b> <b>Days</b>	
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.)			
20c. TIME OF INJURY Hour Month, Day, Year 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 <b>Dead on arrival</b> and last saw her/him alive on <b>9:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <b>9:30 A.M.</b>							
22a. SIGNATURE (Degree or title) <b>Kenneth R. Gentry, D.O.</b>				22b. ADDRESS <b>Camdenton Mo.</b>		22c. DATE SIGNED <b>11-24-60</b>	
23a. FUNERAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 28, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR <b>Reed Funeral Home, Camdenton Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Nov. 24-1960</b>		26. REGISTRAR'S SIGNATURE <b>Zilpha S. Brown</b>	

(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camden N.J.

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.