MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-002066
STATE FILE NUMBER

AMENDED

Registration District No. 175 Primary Registration District No. 5645 Registrar's No. 9

FILED VS FEB 14 1961

1. PLACE OF DEATH
a. COUNTY: Lawrence

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Aurora — Length of stay in lb: 14 months

c. CITY OR TOWN: Aurora — Inside Limits: Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rural Route 1 — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): Rural Route 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Fannie — Middle: Evalina — Last: Bass

4. DATE OF DEATH: Month: February — Day: 4 — Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/22/1881

9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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:

11. BIRTHPLACE (City and state or country): Vernon County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Jasper N. Huckaby

13b. MOTHER'S MAIDEN NAME: Matilda Cline

14. NAME OF HUSBAND OR WIFE: D. W. Bass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Ray Bass, R. 1, Aurora, Missouri — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary Sclerosis — Years.

DUE TO (c): Senile Generalized Atherosclerosis — Years.

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

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 April 1960, to Feb. 4-1961 and last saw her alive on Feb. 4-1961

Death occurred at 11:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. P. Cotton M. D.

22b. ADDRESS: Aurora, Mo.

22c. DATE SIGNED: 2-5-61

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

23b. DATE: February 7, 1961

23c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery

23d. LOCATION (City, town, or county) (State): Lamar, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Oscar L. Marsh, Aurora, Missouri

25. DATE RECD. BY LOCAL REG.: 2-6-1961

26. REGISTRAR'S SIGNATURE: Howard Wilke M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Donavon C. Lakin, Student Embalmer No. 627

working under my personal supervision.

Student Donavon C. Lakin
Signature of Student Embalmer

Signed Oscar L. Hirsl

Licensed Embalmer No. 3812

P. O. Address Aurora, Missouri

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.