

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008296

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 24

AMENDED

FILED MAR 21 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Gentry</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>King City</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>Gentry</u>
Length of stay in lb <u>4 months</u>		c. CITY OR TOWN <u>Mc Fall</u>	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED			4. DATE OF DEATH	
First Middle Last <u>Viola Frances Baskett</u>			Month Day Year <u>March 13 1961</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>3-15-08</u>	9. AGE (last birthday) <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Ray County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Pinkerton</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Woard</u>		14. NAME OF HUSBAND OR WIFE <u>Elisha F. Basket</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Ben Perry</u> Address <u>Albany, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adeno-Carcinoma of Liver</u> DUE TO (b) <u>primary biliary extension</u> DUE TO (c) <u>to dissection of pyloric valve</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
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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.)
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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
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21. I attended the deceased from <u>12/28/60</u> to <u>3/13/61</u> and last saw her alive on <u>3/13/61</u> Death occurred at <u>3:45</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Jack R. Barnes, D.O.</u>	22b. ADDRESS <u>King City, Mo</u>	22c. DATE SIGNED <u>3/13/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 15, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	23d. LOCATION (City, town, or county) <u>Ray Co. Missouri</u>
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24. FUNERAL DIRECTOR <u>Brooks-Cochell F. Home, Albany, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-14-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>
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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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.