# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=009744

STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 123

FILED APR 7 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Length of stay in 1b: 1 month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 702 Lemon St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Palmyra — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 708 S. Main St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Bertie — Middle Smith — Last Basemore
4. DATE OF DEATH: Month Feb. — Day 17 — Year 1961
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/21/1880
9. AGE (last birthday): 80 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Palmyra, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: George H. Smith
13b. MOTHER'S MAIDEN NAME: Rosa Belle Smith
14. NAME OF HUSBAND OR WIFE: Wm. A. Basemore
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: Sadie B. Smith, Address 5649 Indiana Ave. Chicago, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arterio sclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fracture of rt femur - supra + infracondylar
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.) fell at home
20c. TIME OF INJURY Hour 2 a.m. p.m. — Month, Day, Year 10 4 60
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.) home
20f. CITY, TOWN, OR LOCATION: Palmyra — COUNTY: Marion — STATE: Mo.
21. I attended the deceased from 10-4-1960 to death and last saw her/him alive on 2-15-61
Death occurred at 11:40 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Phillip B. Foreman M.D.
22b. ADDRESS: 711 Grand Ave Hannibal Mo.
22c. DATE SIGNED: 3-18-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/20/1961
23c. NAME OF CEMETERY OR CREMATORY: Palmyra Cemetery
23d. LOCATION (City, town, or county) (State): Palmyra, Missouri
24. FUNERAL DIRECTOR — ADDRESS: Lewis Brothers', Palmyra, Mo.
25. DATE RECD. BY LOCAL REG.: 3/30/61
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Herman

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

Student_____
Signature of Student Embalmer

Signed George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.