

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER **61-020359**

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **368**

**FILED JUN 19 1961**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Howard</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <b>Columbia</b>		c. CITY OR TOWN <b>Nelson</b>	
Length of stay in 1b <b>10 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) <b>University Missouri Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>Box 22</b>	
HOSPITAL OR INSTITUTION		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Tom</b> Middle <b>Basket</b> Last <b>Baskett</b>		4. DATE OF DEATH Month <b>6</b> Day <b>9</b> Year <b>61</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>Negro</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>7-3-24</b>
9. AGE (last birthday) <b>36</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>9</b>	IF UNDER 24 HR Hours <b>61</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>Howard County Mo U.S.A</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>		13a. FATHER'S NAME <b>Jim Baskett</b>	
13b. MOTHER'S MAIDEN NAME <b>Susan Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Ida Baskett</b>	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>Medical Records University Medical Center</b>	
17. INFORMANT <b>Medical Records University Medical Center</b>		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) <b>CARCINOMA OF STOMACH</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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>5-29-61</b> to <b>6-9-61</b> and last saw her/him alive on <b>6-9-61</b> Death occurred at <b>9:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Erna Richard Singer M.D.</b>		22b. ADDRESS <b>UMMC</b>	
22c. DATE SIGNED <b>6/9/61</b>			
23a. BURIAL, CREMATIONS, REMOVAL (Specify)		23b. DATE <b>June 10 1961</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Nelson</b>		23d. LOCATION (City, town, or County) <b>Saline County Missouri</b>	
23e. STATE <b>Missouri</b>			
24. FUNERAL DIRECTOR <b>George H. Green</b>		25. DATE RECD. BY LOCAL REG. <b>June 10 1961</b>	
ADDRESS <b>Stanton Mo</b>		26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>	

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1961

JUN 20 1961

**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 H. Green*

Licensed Embalmer No. 4220

P. O. Address Dulles, Md

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.