

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040919

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

5658

STATE FILE NUMBER

FILED DEC 1 1961

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in 1b

12 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Northeast Osteopathic

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

Kansas City

d. STREET
ADDRESS

(If outside, give location)

6933 Montgall

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Richard

L

Basham

4. DATE
OF
DEATH

Month

Day

Year

11

11

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-10-61

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

12

8

12

8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Infant

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Clay Basham

13b. MOTHER'S MAIDEN NAME

Judith Brown

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

NONE

Address

CLAY BASHAM 6933 MONTGALL

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory failure & cerebral damage

INTERVAL BETWEEN ONSET AND DEATH

6-8 hours

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

DUE TO (b)

Prematurity

DUE TO (c)

Placental separation Prepartum

4-5 mos

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 ☐ Unknown19. 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 Nov 19, 1961 2:27 P. to Nov 14, 1961 2:35 AM and last saw her/him alive on Nov 10, 1961. Death occurred at 2:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R N Boyd & J D O.

22b. ADDRESS

9529 Julian Road
Braymer, Missouri

22c. DATE SIGNED

11/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

Nov 13, 1961

23c. NAME OF CEMETERY OR CREMATORY

-

23d. LOCATION (City, town, or county)

BRAYMER, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

MEAD PITT

BRAYMER, Mo.

25. DATE RECD. BY LOCAL REG.

11-13-61

26. REGISTRAR'S SIGNATURE

Ruth Long

(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 J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address H. C. Mc

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.