

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

-61-040921

STATE FILE NUMBER

Registration District No. 149Primary Registration District No. 1002Registrar's No. 5659

1. PLACE OF DEATH

a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in lb
7 Days

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

a. STATE Missouri b. COUNTY Salinec. CITY
OR
TOWN MarshallInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Veterans HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS
755 East ThomasReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
ThomasMiddle
Bausily

Last

4. DATE
OF
DEATHMonth
11Day
12Year
615. SEX
Male6. COLOR OR RACE
Negro7. Married ☐ Never Married ☐
Widowed ☐ Single ☒8. DATE OF BIRTH
10-16-239. AGE (last birthday)
38IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Laborer10b. KIND OF BUSINESS OR INDUSTRY
General Work11. BIRTHPLACE (City and state or country)
Marshall, Missouri12. CITIZEN OF WHAT COUNTRY
U.S. A.

13a. FATHER'S NAME

Lacy M. Bausily

13b. MOTHER'S MAIDEN NAME

Emma Marie Graves

14. NAME OF HUSBAND OR WIFE

None

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

(Yes, no, or unknown) Yes World War II

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Mrs. Alfred Gant, K. C. Mo.

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)

ShockINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

Penetrating Gunshot Wounds of AbdomenPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Exploratory Surgical OperationPART 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 ☐
unk.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

unknown20c. TIME OF
INJURY
3:15
Hour
p.m.
Month, Day, Year
11/05/6120d. 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.)Marshall, Mo

20f. CITY, TOWN, OR LOCATION

Marshall

COUNTY

Saline

STATE

Mo21. I attended the deceased from _____, to _____ and last saw her
him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Deputy Coroner

22b. ADDRESS

1618 Lydia Ave

22c. DATE SIGNED

11/13/6123a. BURIAL, CREMATION,
REMOVAL (Specify)Removal

23b. DATE

11-13-61

23c. NAME OF CEMETERY OR CREMATORY

Fairview

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

Marshall, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Green Funeral Home, Marshall, Mo.

25. DATE RECD. BY LOCAL REG.

11-13-61

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1967

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 _____

Licensed Embalmer No. 4429

P. O. Address 2315 _____

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.