MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-021905
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 335

FILED JUN 18 1962

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Boone
c. CITY OR TOWN Columbia
Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) R.F.D. #6
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Rebecca Middle: Jo Last: Baskett

4. DATE OF DEATH Month Day Year: June 13, 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-4-1962
9. AGE (last birthday): IF UNDER 1 YEAR Months: 9 Days: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Columbia, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James W. Baskett
13b. MOTHER'S MAIDEN NAME: Marjorie Tomlin
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - - - - - - -
17. INFORMANT: James W. Baskett, Address: Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Meningitis, etiology, streptococcus — 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) Erythroblastosis due to A-O incompatability — 9 day
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 6-4-62, to 6-13-62 and last saw her/him alive on 6-13-62
Death occurred at 7 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ray B Lemm (Degree or title) M.D
22b. ADDRESS 1502 East Broadway
22c. DATE SIGNED 6-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Columbia, Mo.

24. FUNERAL DIRECTOR ADDRESS: Lyman Sprinkle, Columbia, Missouri
25. DATE RECD. BY LOCAL REG.: June 15 1962
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0109		
2	0100 2		
3			
4	1		
5	0		
6			
7	0		
8	1		
9	340.2		
10			
11			
12	1-0		
13	3-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Mr Lemm

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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~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.