MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031490

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 407

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0499
2 0550
3 1
4 1
5 0
6
7 0
8 2
9 9100
10 22
11 055
12 5-2
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

FILED AUG 17 1962

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JOPLIN — Length of stay in 1b: 5 HRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): JOPLIN GENERAL HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LAWRENCE
c. CITY OR TOWN: LARUSSELL — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): LA RUSSELL #1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First DEBORAH Middle JANE Last BASS

4. DATE OF DEATH: Month AUG. Day 9 Year 1962

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-15-55
9. AGE (last birthday): 6 — 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): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): GRANBY, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: LESLIE BASS
13b. MOTHER'S MAIDEN NAME: DORA CHAPMAN
14. NAME OF HUSBAND OR WIFE:

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: LESLIE BASS, Address: LARUSSELL, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Shock	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Thrombus of Iliac Vein	Unknown
DUE TO (c)	Accidental Laceration of Femoral Vein and Massive Hemorrhage	7 hours

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 ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) High wind blew glass or plank across room producing deep laceration into femoral (left) vein.
20c. TIME OF INJURY: Hour 4:30 p.m. Month, Day, Year 8 9 62
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: La Russell COUNTY: STATE: Mo

21. I attended the deceased from 4-12-61 to 8-9-62 and last saw her/him alive on 8-9-62
Death occurred at 11:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. Nordstrom (Degree or title) D. O.
22b. ADDRESS: SARCOXIE, MO.
22c. DATE SIGNED: 8-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 8-12-62
23c. NAME OF CEMETERY OR CREMATORY: POWERS CEMETERY
23d. LOCATION (City, town, or county) (State): NEWTON CO., MO.

24. FUNERAL DIRECTOR: ULMER-MOSS FUNERAL HOME, ADDRESS: SARCOXIE, MO.
25. DATE RECD. BY LOCAL REG.: 8/14/62
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address Carthage, 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.