

Ronald

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041549

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5094 Registrar's No. 220

FILED DEC 4 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH  
a. COUNTY **Bates**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Osage Township** Length of stay in 1b **20 years**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2 Mile West-Rich Hill** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Bates**

c. CITY OR TOWN **Rich Hill (rural)** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **2 Mile Weas-Rich Hill** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**MARY MADGE BASORE**

4. DATE OF DEATH Month Day Year  
**November 19 1962**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **8/28/09** 9. AGE (last birthday) **53** IF UNDER 1 YEAR Months Days Hours Min. **2 21**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **own home** 11. BIRTHPLACE (City and state or country) **Parsons Kansas** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **William F. Basore** 13b. MOTHER'S MAIDEN NAME **Anna Milligan** 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) **no** 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT Address **Virgil DeNayer-Carthage, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cerebral vascular accident**  
DUE TO (b) **Essential hypertension** INTERVAL BETWEEN ONSET AND DEATH **5 yrs.**  
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  NO  20a. ACCIDENT SUICIDE HOMICIDE    **None** 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. **None** 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.) **None** 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at **about 7:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Douglas C. Rowland MD** 22b. ADDRESS **Butler, Mo** 22c. DATE SIGNED **11-26-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **11/23/62** 23c. NAME OF CEMETERY OR CREMATORY **Lutheran Cemetery** 23d. LOCATION (City, town, or county) (State) **Rich Hill, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Booth Funeral Serv-Rich Hill, Mo.** 25. DATE RECD. BY LOCAL REG. **11-26-1962** 26. REGISTRAR'S SIGNATURE **Norma Jean Wilson**

JAN 3 1963

**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

*John J. Underwood*

Licensed Embalmer No.

*3585*

P. O. Address

*Butler 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.