

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004991

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

378

Primary Registration District No.

6285

Registrar's No.

1

STATE FILE NUMBER

FILED JAN 29 1963

1. PLACE OF DEATH

a. COUNTY

WRIGHT

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

MTN. GROVE

Length of stay in lb

5 YEARS

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

R.F.D.

Inside Limits

Yes ☐ No ☐

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

a. STATE

MO.

b. COUNTY

WRIGHT

Inside Limits

Yes ☐ No ☒c. CITY
OR
TOWN

MTN. GROVE

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

CLAUDE

First

Middle

Last

BASS

4. DATE
OF
DEATH

Month

Day

Year

1 - 24 - 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-27-1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days Hours Min.

11 27

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

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

SAME

11. BIRTHPLACE (City and state or country)

LATHROM MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WILLIAM BASS

13b. MOTHER'S MAIDEN NAME

DELLA MEDLIN

14. NAME OF HUSBAND OR WIFE

HELEN MANN

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

(Yes, no, or unknown) (If yes, give war or dates of service)

YES W.W. II

16. SOCIAL SECURITY NO.

17. INFORMANT

BEENY BROS. F HOME SHELTON, 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)

Acute Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

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

DUE TO (b)

CORONARY Thrombosis with Myocardial Infarction

DUE TO (c)

ARTERIOSCLEROSIS

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.)

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 1-24-63 to 1-24-63 and last saw him alive on 1-24-63

Death occurred at 4:10

A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard B. Whitehead

22b. ADDRESS

20 Mt. Grove, MO

22c. DATE SIGNED

1-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

1-24-63

23c. NAME OF CEMETERY OR CREMATORY

SHELDON

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

SHELDON

(State)

MO.

24. FUNERAL DIRECTOR

BARBER

ADDRESS

MTN. GROVE

25. DATE RECD. BY LOCAL REG.

1-25-1963

26. REGISTRAR'S SIGNATURE

Dennis L. Shuman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 1140

2 1140

3

4 2

5 2

6

7 0

8 0

9420.1

10

11

12 90-2

13 2-0

FEB 13 1963

MAR 20 1963

FEB 13 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 RWT Boile

Licensed Embalmer No. 3848

P. O. Address mt. Perry 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.