

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029245

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 210 Primary Registration District No. 573 Registrar's No. 50

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morgan Twp		c. CITY OR TOWN Princeton, Mo	
Length of stay in 1b 6 wks		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercer Co Rest Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒	

3. NAME OF DECEASED (Type or print) Hattie Olive Bassett			4. DATE OF DEATH Month July Day 8 Year 1963		
5. SEX female	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 4-23-1873	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Leon, Iowa	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John W. Bowman		13b. MOTHER'S MAIDEN NAME Margaret Stanley	
14. NAME OF HUSBAND OR WIFE J. L. Bassett		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.	
17. INFORMANT J. L. Bassett		Address Princeton, 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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH imm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		
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	
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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 7-6-63 , to 7-6-63 and last saw her/him alive on 7-6-63 . Death occurred at 10:08 p. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE B. T. Astell (Degree or Title) D.O.		22b. ADDRESS Princeton, Mo.		22c. DATE SIGNED 7-9-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE July, 11, 1963	23c. NAME OF CEMETERY OR CREMATORY Lowry		23d. LOCATION (City, town, or county) (State) Mercer Co., Mo
24. FUNERAL DIRECTOR Noel Moss		ADDRESS Princeton, Mo		25. DATE RECD. BY LOCAL REG. 7-9-63
		26. REGISTRAR'S SIGNATURE Noel Moss		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

101088771

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

Hee Mass

Licensed Embalmer No.

2634

P. O. Address

Quinton M.

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.

Permit 2634 7-9-63 M-14