

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5608

63-033773

FILED NOV 1 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas City

Length of stay in 1b

40yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION General Hospital

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR

TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

2315 Highland

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Nellie

Middle

Last

Baskett

4. DATE

OF

DEATH

Month

October

Day

14

Year

1963

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-29-1887

9. AGE (last birthday)

76

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

at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Adrain, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ace Arnold

13b. MOTHER'S MAIDEN NAME

Isabelle Crigler

14. NAME OF HUSBAND OR WIFE

Arthur Baskett

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

(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

494-12-2768

17. INFORMANT

Vannie McElroy

Address

1116 N. 12th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure Secondary to ASHD

DUE TO (b)

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

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

☐

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.

Month, Day, Year

p.m.

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

9-17-63

to 10-14-63

and last saw her alive on 10-14-63

Death occurred at

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

22a. SIGNATURE

Frank Ellis

(Degree or title)

22b. ADDRESS

Kansas City Mo.

22c. DATE SIGNED

10-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-18-63

23c. NAME OF CEMETERY OR CREMATORY

Blue Ridge Lawn

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

Kansas City

(State)

Mo.

24. FUNERAL DIRECTOR

Watkins

Bros. Funeral Home 18th & Benton

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-17-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Frank Ellis MEDICAL CERTIFICATION

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 Bruce R. W. Atkins

Licensed Embalmer No. 4500

P. O. Address 1800 Benton

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.