

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040930

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 150

FILED NOV 12 1963

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) Louisiana		c. CITY OR TOWN Louisiana	
Length of stay in 1b 45 years		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pike County Hospital		d. STREET ADDRESS (If outside, give location) 422 So. 12th St.	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) First ORAL Middle EDWARD Last BASS			4. DATE OF DEATH Month Nov. Day 9 Year 1963		
5. SEX Male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-30-06	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months ☐ Days ☐ Hours ☐ Min. ☐
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Operator, Chemical, Hercules Powder Co.			11. BIRTHPLACE (City and state or country) Edgewood, Mo.		
13a. FATHER'S NAME Edward Hugh Bass			14. NAME OF HUSBAND OR WIFE Helen Jett Bass		
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. 490-05-3993		
17. INFORMANT Mrs. Helen Bass, Louisiana, Mo.			Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
DUE TO (b) Staphylococcal Bronchial Pneumonia		4 weeks
DUE TO (c) Chronic Bronchitis from previous pneumonia		7 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 8 weeks Recovery from Myocardial Infarct at onset.		
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 March, 1955 to Nov-9-63 and last saw him alive on Nov-8/1963 Death occurred at 7:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Howard L. Bilyea (Degree or title)		22b. ADDRESS 218 N 5th St Louisiana Mo	22c. DATE SIGNED Nov 9/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-11-63	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	23d. LOCATION (City, town, or county) (State) Louisiana Mo.
24. FUNERAL DIRECTOR Collier Funeral Serv. Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. 11-11-63	26. REGISTRAR'S SIGNATURE Bernice Collier

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 27 1963

DEC 4 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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana, 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.