MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

± E63	-043761
6474	STATE FILE NUMBER

DO NOT WRITE ON THIS STUB	AMENDE	₫	Registration District No. Primary Registration District No. Registrar's No.	<u> </u>
3193		<u></u>)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. if institution; Residence	before
VS 300		1 1	a. COUNTY JACKSON admission admissio	
Rev. 4/59		()	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside L	imits
,	AMENDED	()	TOWN KANSAS CITY SO YES. TOWN KANSAS CITY	No 🗆
	<u> </u>	()	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on HOSPITAL OR	
23158	DATE		INSTITUTION V A HOSPITAL Yes E No 1714 FAST 10TH	<u> </u>
3 2			(Type or print)	Геаг
4 2	`	(BRAXTON WHITFIELD BASTON DEATH November 26, 1963	0.04155
	'	1 	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER	Min.
5 2	`	1 1	Male Negro Widowed & Divorced 3-8-92 70 7/ 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COU	INTRY
6	\ \ \ \ \ \ \ \	· 1	during most of working life, even if retired)	,
	<u>~</u>	t 1	Retired laborer Glasgow, Missouri U.S.A. 135. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	
	텒		1	E.C.M
8 🖈 1	ν. π	()	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAND TO W Be at 1960 1507 F.	10th
	₹	1 1	Yes WWI YA HOSDITAL UTILIAL RECORDS. K.C. MO.	•
	ARE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND (ETWEEN
	2 4	CUMEN	IMMEDIATE CAUSE (a) Lymphosarcoma	
11				
1201 0	REAL LEA	8	Conditions, If any, which gave rise to	
	THIS	1 1	above ceuse (a), } stating the under-	
13	<u>", </u>	← 	lying cause last. DUE TO (c)	ale was
	<u>6</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	90 days.
<u>+</u>	[]	(-)		Unknown
i <u>2</u>	AMENDMENTS	1 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the ferminal there a pregnancy in last there as pregnancy in last there a pregnancy in last there a pregnancy in last there a pregnancy in last there as pregnancy in last there are pregnancy in last there are pregnancy in last there as pregnancy in last there are pregnancy in	u.)
		()	ZOC. TIME OF Hour Month, Day, Year INJURY a.m.	_ _
	`	1 1	204 INJURY OCCURRED 20e, PLACE OF INJURY (e.g., in or about home, 201, CITY, TOWN, OR LOCATION COUNTY	STATE
-	`		WHILE AT WORK farm, factory, street, office blog., erc.)	
BLACK INK OR RITER RIBBC	21VA attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended the deceased from October 15, 1963, to November 26, 196 posicion (2015) attended to November 26, 196 posicion (2015			d.
USE BLACOR	SHOULD	힏	22a. SIGNATURE NORMAN K. LEF. (Degree of title) 22b. ADDRESS 22c. DATE	E SIGNED
	' "		23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, of county) (State	,
	oj	AFFIDAVIT	BURIAL Sec. 3, 1963 FT. LEAVENWORTH NATL. CEMETERY FT. LEAVENWORTH, KANSAS	
	ITEM	BY AF		
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TITLE EAST 1514

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed John J. Didson
. Signature of Student Enthannel	Licensed Embalmer No. 453/
Towerson 26, 114 Democratic	English reduced a standard of the Una

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.