FILED FEB 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1560
Do not use this space.

1. PLACE OF DEATH

(a) County Barry 1 Registration District No. 30

(b) Township 3 Primary Registration District No. 3003 Registered No. 14

(c) or City Monett (d) Street No. West Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert C. Basye

(a) Residence, No. 710 Scott St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marie Basye - 36 yrs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 8- 1874

7. AGE: Years 65 | Months | Days 30 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Baker
9. Industry or business in which work was done, as saw mill, bank, etc.: Bakery
10. Date deceased last worked at this occupation (month and year): Sec. no. 500-09-0984
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 1

FATHER
13. NAME: Coleman Basye 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky. 1

MOTHER
15. MAIDEN NAME: Elizabeth Fields
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Mrs. Marie Basye, 710 Scott, Monett, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE ~~[illegible]~~ Joplin, Mo. DATE January 9, 1940
200 F. Monett Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hurlbut Funeral Home, Joplin, Mo.

20. FILED 1-7-40, 19 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-7-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/19/39, 19, to 1/7/40, 19
I last saw him alive on 1/6/40, 19 Death is said to have occurred on the date stated above, at 8 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	12/27/39
complicating Chr	?
Valvular heart disease	

Other contributory causes of importance:

Pulmonary edema	11/1/39
Broken compensation	10/19/39

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) F. J. Moennighoff, M. D.
31 (Address) Monett Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6
District File Number 2040-379
Date Filed FEB 10 1940

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.