

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34069**

FILED OCT 27 1949

BIRTH NO. _____ REG. DIST. NO. 1-80 PRIMARY REG. DIST. NO. 4239 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>110 Monroe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 Monroe</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Edmonia</u>		b. (Middle) <u>Margaret</u>	
c. (Last) <u>Basham</u>		10 (Month) <u>10</u> 6 (Day) <u>6</u> 1949 (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 28, 1897</u>
9. AGE (In years last birthday) <u>52</u>		10. UNDER 1 YEAR (Months) _____	11. UNDER 18 HRS. (Hours) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William St. Clair</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Selvey</u>	
14. NAME OF HUSBAND OR WIFE <u>George W. Basham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lizzie Tyson, Lee's Summit, Mo.</u>		ADDRESS <u>Lee's Summit, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 22, 1948</u> to <u>Oct. 6, 1949</u> , that I last saw the deceased alive on <u>Oct. 6, 1949</u> , and that death occurred at <u>2:50 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Clint Miller M.D.</u>		23b. ADDRESS <u>Lee's Summit Mo</u>	
23c. DATE SIGNED <u>10-6-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-8-49</u>		REGISTRAR'S SIGNATURE <u>Donald C. Carnshaw</u> 378	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Blomford</u>		ADDRESS <u>Lee's Summit Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 25 1968

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.

Signed _____

W.B. Langford

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3833

P. O. Address _____

Leis Summit

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 this body is not embalmed, fact should be so stated above.