

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15888**

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 656 | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph | | c. LENGTH OF STAY (In this place) 14 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | | 5117 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital | | | | d. STREET ADDRESS (If rural, give location) 306 E. Nebraska | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Henry | | b. (Middle) James | | c. (Last) Bass | |
| 4. DATE OF DEATH | | (Month) | | (Day) | | (Year) | |
| | | 6 | | 3 | | 1950 | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH 3 1 1931 | |
| 9. AGE (In years last birthday) | | IF UNDER 1 YEAR | | IF UNDER 12 MOS. | | | |
| 19 | | Months | | Days | | Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Coal Co. | | 11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Henry Bass Sr. | | 13b. MOTHER'S MAIDEN NAME Frances Mariani | | 14. NAME OF HUSBAND OR WIFE | | | |
| 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. 488-34-1290 | | 17. INFORMANT'S SIGNATURE OR NAME Miss Frances Graves | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fatal Brain Hemorrhage | | | | 1 day | |
| | | DUE TO (c) Man was fatally injured when he was thrown from a truck on state highway | | | | 6824 | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. #71. about 5 miles south of Fayette, Mo. in Buchanan Co. | | | | 32' | |
| 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) Accident state highway | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Crawford Buchanan, Mo | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Buchanan, Mo | | | |
| 21d. TIME OF INJURY June 3 - 1950 10:00 A | | 21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? man was thrown or fell from a truck to the pavement | | | |
| 22. I hereby certify that I signed ^{signed} the deceased was ^{is} on 6/3 , 19 50 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:07 A m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE H. F. Mundy M.D. Coroner | | | | 23b. ADDRESS St. Joseph Mo | | 23c. DATE SIGNED 6/3/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-6-1950 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Joseph Mo. | |
| DATE REC'D BY LOCAL REG. June 5, 1950 | | REGISTRAR'S SIGNATURE E. C. Jenkins | | 25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander | | ADDRESS St. Joseph, Mo. | |

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

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 Wm. H. Alexander

Signed _____
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.