No. 300
10.48

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41982

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11304

1. PLACE OF DEATH
a. COUNTY 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Macoupin 8120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Benld 8
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle)
c. (Last) Basso

4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1950

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Aug. 27, 1897
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months Days — IF UNDER 11 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Propietor of Own Business
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Coal City, Ill. 1
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joseph A. Basso
13b. MOTHER'S MAIDEN NAME Adelaide Ronchetti
14. NAME OF HUSBAND OR WIFE Julia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 325-18-3086
17. INFORMANT'S SIGNATURE OR NAME Julia Basso, Benld, Ill. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Art Sclerotic Heart Disease — 3 Months

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 ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 43 [illegible]

22. *I hereby certify that I attended the deceased from* Nov 15 1950, *to* 12-30, 1950, *that I last saw the deceased alive on* 12-30, 1950, *and that death occurred at* 4:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl J Rees (Degree or title) MD
23b. ADDRESS Humboldt Bldg
23c. DATE SIGNED 1-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 5
24b. DATE 12-31-50
24c. NAME OF CEMETERY OR CREMATORY City
24d. LOCATION (City, town, or county) (State) Benld, Illinois

DATE REC'D BY LOCAL REG. JAN 2 1951
REGISTRAR'S SIGNATURE J. B. [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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~~ me

.....

working under my personal supervision.

Student Embalmer No. .....

Signed Wm L. Salfen

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address [illegible]

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.