

FILED MAR 5 1951
0050

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3717

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give town) Wheaton		c. CITY (If outside corporate limits, write RURAL and give township) Fairview	
c. LENGTH OF STAY (in this place) 25 hrs		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheaton Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) E c. (Last) Bassett			4. DATE OF DEATH (Month) (Day) (Year) Feb-21-1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/22/1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 10 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Billy Duncan	13b. MOTHER'S MAIDEN NAME Susan Lamberson	14. NAME OF HUSBAND OR WIFE John L. Bassett
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME John L. Bassett, Fairview Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 151X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Gastric Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Carcinoma 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-70**, 19**51**, to **2-21**, 19**51**, that I last saw the deceased alive on **2-21**, 19**51**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. Smith D.D. 2	23b. ADDRESS Wheaton, Missouri	23c. DATE SIGNED 2/22/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/25/1951	24c. NAME OF CEMETERY OR CREMATORY Rocky Comfort Cemetery	24d. LOCATION (City, town, or county) (State) Rocky Comfort, Mo.
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DATE REC'D BY LOCAL REG. 2-24-1951	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Mares	ADDRESS Wheaton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 26 1957

Dist. File 251-423

Date Filed 2-27-51

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.

Student
Student Embalmer

Signed James Kenneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.