S. No. 300
V. 10.48

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26490

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4164 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Daviess 0310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Altamont
c. LENGTH OF STAY (In this place): 6 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Altamont 0310
d. STREET ADDRESS (If rural, give location): --- 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jaunita
b. (Middle): Ilene
c. (Last): Bashford

4. DATE OF DEATH (Month) (Day) (Year): August 21 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 23 1904
9. AGE (In years last birthday): 47 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Daviess County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Oliver Rader
13b. MOTHER'S MAIDEN NAME: Bertha Morrow
14. NAME OF HUSBAND OR WIFE: Ancel Bashford

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.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Ancel Bashford, Altamont, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio- Renal Disease. — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs or more

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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: 442 X
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?

22. *I hereby certify that I attended the deceased from* July 1948, 19___, *to* Aug 20th 51, 19___, *that I last saw the deceased alive on* Aug 20th 51, 19___, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fred. R. Wilson (Degree or title): M.D.
23b. ADDRESS: Winston, Mo.
23c. DATE SIGNED: Aug 22, 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-24-1951
24c. NAME OF CEMETERY OR CREMATORY: Centenary Cemetery
24d. LOCATION (City, town, or county) (State): Daviess Co. Missouri

DATE REC'D BY LOCAL REG.: 4 Sept. 1951
REGISTRAR'S SIGNATURE: 81
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: L. O. Nicholson, Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 5 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed L. O. Richesson

Signed.....
Student Embalmer

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.