

No. 3007  
10.48  
FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4846  
515  
Registrar's No. 515

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 515	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 13 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mendon Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 1 mile west of Mendon			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Benton c. (Last) Bash			4. DATE OF DEATH (Month) (Day) (Year) Feb 1 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 10, 1893		9. AGE (In years last birthday) 59	10. UNDER 1 YEAR Months	11. UNDER 10 HRS. Hours
10a. USUAL OCCUPATION (or kind of work) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Chariton County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Walter R. Bash		13b. MOTHER'S MAIDEN NAME Ida Bell		14. NAME OF HUSBAND OR WIFE Doris Bash			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 487-12-8015		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Doris Bash Mendon Missouri			
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) <u>Cardiac decomposition</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Nephrosis</u> DUE TO (c) <u>Coronary arterial disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 mo</u> <u>year</u> <u>year</u>
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) m.		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>1-24</u> , 1952, to <u>2-1</u> , 1952; that I last saw the deceased alive on <u>2-1</u> , 1952; and that death occurred at <u>1:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE John T. Skinner (Degree or title) John T. Skinner MD.				23b. ADDRESS 1102 Grand St., C. MO.		23c. DATE SIGNED 2-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB-2-1952	24c. NAME OF CEMETERY OR-CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG 2-2-52		REGISTRAR'S SIGNATURE <u>Meraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS DW. Newcomer's Sons 1331 Brush Creek Kansas City, Mo.			

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

1-5:30

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

*John R. Sidman*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4531

P. O. Address. Kansas City, 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.