

FILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19245

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>50</u>		Registrar's No. <u>57</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City R.R. Platt</u>		c. LENGTH OF STAY (In this place) <u>All Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City Mo. R.R.</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Farm Accident.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Jay Kenton Bashor.</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>6/24/52</u>	
5. SEX <u>Male</u> <input checked="" type="checkbox"/> <u>Female</u> <input type="checkbox"/>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>9/8/1944</u>	
9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Just a farm boy.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>7</u> <u>9</u> <u>16</u>	
11. BIRTHPLACE (State or foreign country) <u>King City Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Leroy G. Bashor.</u>			13b. MOTHER'S MAIDEN NAME <u>Lorain Simpson</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leroy G. Bashor. King City Mo. RR.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive hemorrhage in head & lung from fracture of skull</u> (b) <u>Subclival vertebral lower part of 7 ribs at side from fracture running over way</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>E9121</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>21</u> <u>702</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home - farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>King City ANDREW MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 24 52 11:58</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell from tractor</u>			
22. I hereby certify that I attended the deceased from <u>6-24-1952</u> , to <u>6-24-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-24-1952</u> , and that death occurred at <u>11:15 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Duck A. Barnes D.D.</u>				23b. ADDRESS <u>King City Mo.</u>		23c. DATE SIGNED <u>6.26.52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6.26.1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		24d. LOCATION (City, town, or county) (State) <u>King city Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-5-52</u>		REGISTRAR'S SIGNATURE <u>Lillian J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Maggard</u>		ADDRESS <u>King City Mo.</u>	

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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 R. G. Taggart.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2563.....

P. O. Address King 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.