

FILED JUL 22 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 23365

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 1481		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place) 20 min		c. CITY OR TOWN Carthage		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital				e. STREET ADDRESS (If rural, give location) rural -- Route 1 0490				
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) A twell c. (Last) BASTIN			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1954					
5. SEX male <input type="radio"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan 11, 1878		
9. AGE (In years last birthday) 76		# UNDER 1 YEAR Months		# UNDER 2 HRS. Hours		# UNDER 1 MIN. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Jasper County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John J. Bastin		13b. MOTHER'S MAIDEN NAME Martha Farmer		14. NAME OF HUSBAND OR WIFE Ruby Mae Bastin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche Probert, Rtel, Carthage				
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) Probable pulmonary embolism  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease with congestive failure  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 to 6 hrs.  Months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) Carthage		21d. (COUNTY) Jasper		
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 7/16, 1954, to 7/16, 1954, that I last saw the deceased alive on 7/16, 1954, and that death occurred at 7:00 a.m., from the causes and on the date stated above.								
23a. SIGNATURE Charles F. Shell M. D.				23b. ADDRESS Carthage, Missouri		23c. DATE SIGNED 7/16/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 18, 1954		24c. NAME OF CEMETERY OR CREMATORY Hackney Cemetery		24d. LOCATION (City, town, or county) (State) Jasper County, Mo.		
DATE REC'D BY LOCAL REG. 7-17-54		REGISTRAR'S SIGNATURE Margaret Carter 139-0		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary Carthage, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 21 19  
Jasper County Health Off  
County File Number 54-7-  
Date Filed JUL 21 19

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.....  
Signature of Student Embalmer

Signed *Robert H. Knell*

Licensed Embalmer No. 4459

P. O. Address Carthage, M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.