

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19853

State File No.

Registrar's No. **4746**

FILED JUN 20 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis,
d. FULL NAME OF HOSPITAL OR INSTITUTION 530 North Union Blvd		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) CALVIN		b. (Middle) PERRY	c. (Last) BASCOM.
4. DATE OF DEATH (Month) (Day) (Year) May 29, 1955		5. SEX Male. 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.		8. DATE OF BIRTH Oct 17, 1876.	9. AGE (In years last birthday) 78.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired V. Pres, Fayette R. Plumb, Inc.,		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Elsworth, Kansas.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Daniel Craig Bascomb.	
13b. MOTHER'S MAIDEN NAME Agnes Johnson.		14. NAME OF HUSBAND OR WIFE Virginia C. Bascom.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. no.	
17. INFORMANT'S SIGNATURE OR NAME Mrs C. P. Bascom, #530 N. Union Blv'd.,		ADDRESS	
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) Coronary artery sclerosis ANTECEDENT CAUSES Morbidity 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	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201		22. I hereby certify that I attended the deceased from Montbary 31941 , to May 29, 1955 , that I last saw the deceased alive on May 28, 1955 , and that death occurred at 1 A.M. , from the causes and on the date stated above.	
23a. SIGNATURE Samuel B. Pratt M.D.		23b. ADDRESS 114 N. Taylor Ave	
23c. DATE SIGNED 5/31/55		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE May 31, 1955.		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MISSOURI		DATE REC'D BY LOCAL REG. MAY 31 1955	
REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.,	
ADDRESS		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

10.300
0.48

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 *Clarence H. Murray*.....

Licensed Embalmer No. *4811*.....

P. O. Address *St. Louis*.....

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.