

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20133
STATE FILE NUMBER
Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 615-A

FILED JUL 16 1956

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STRAFFORD 0390 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MERCY INF.		Length of stay in ^{1b} 3WKS	d. STREET ADDRESS (If outside, give location) ROUTE 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLARA Middle ALMOND Last ALMOND			4. DATE OF DEATH Month JULY Day 3 Year 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 20, 1885	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY IN HOME	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ANDREW BASS			14. MOTHER'S MAIDEN NAME ELLEN BASS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address ORVILLE ALMOND STRAFFORD, MO.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Liver - Primary</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION STRAFFORD	COUNTY GREENE	STATE MISSOURI
21. I attended the deceased from <u>Feb 10 - 16</u> , to <u>July 3 - 56</u> and last saw her/him alive on <u>May 1 - 13</u> . Death occurred at <u>9:50</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree of title) <u>Thomas J. Bass, M.D.</u>		22b. ADDRESS <u>Springfield Mo</u>		22c. DATE SIGNED <u>7-7-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 5, 1956	23c. NAME OF CEMETERY OR CREMATORIUM BASS CHAPEL CEMETERY	23d. LOCATION (City, town, or county) (State) GREENE COUNTY, MISSOURI	

24. FUNERAL DIRECTOR <u>J.W. Klumpp & Co</u>	ADDRESS SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. <u>7-9-56</u>	26. REGISTRAR'S SIGNATURE <u>Orville Almond</u>
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Max F. Ho

Licensed Embalmer No.....
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P. O. Address.....
Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.