Health, Welfare Public Service

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FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30859
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 998

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 208 E. Nebr — Length of stay in Ib: 75yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 208 E. Nebr — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Allen Middle: O Last: Bascue
4. DATE OF DEATH: Month: Sept. Day: 12 Year: 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: July 12, 1876
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Chillicothe Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William H. Bascue
13b. MOTHER'S MAIDEN NAME: Marl L. Leigh
14. NAME OF HUSBAND OR WIFE: Mary Bascue

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: n one
17. INFORMANT: Mary Bascue, Address: St. Joseph, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: Indefinite
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Myocarditis.
DUE TO (c) 4222
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-11-56, to 1-30-57, and last saw her/him alive on 1-30-57
Death occurred at 4:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. L. Ferguson (Degree or title) D
22b. ADDRESS: 80 1/2 Francis St.
22c. DATE SIGNED: 9-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/25/57
23c. NAME OF CEMETERY OR CREMATORY: King Hill Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo

24. FUNERAL DIRECTOR: John E. Rupp — ADDRESS: St. Joseph, Mo
25. DATE RECD. BY LOCAL REG.: Sept. 19, 1957
26. REGISTRAR'S SIGNATURE: Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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, [redacted] ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.