THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021157
STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 53 Primary Registration District No. ____ Registrar's No. 341

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) So East Mo. Hospt. — Length of stay in 1b 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Alexander
c. CITY OR TOWN Cairo 8120 8 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) Route 1 Box 181 — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print): First Phyllis — Middle Denise — Last Basely
4. DATE OF DEATH: Month May — Day 23 — Year 1958
5. SEX: Female 3
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 1st, 1958
9. AGE (In years last birthday): IF UNDER 1 YEAR Months ____ Days 22 — IF UNDER 24 HRS. Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Alexander Co., Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Julius Basely
14. MOTHER'S MAIDEN NAME: Betty Jean Simmons
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. NONE
17. INFORMANT: Betty Jean Basely — Address: Rt. 1 Box 181, Cairo, Ill

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) Tetanus Neonatorum — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Umbilical infection — 4 days
~~DUE TO~~ (c) ALSO HEPATITIS 7670 — 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Bleeding tendency - anemia -
19. WAS AUTOPSY PERFORMED? YES X NO ☐
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 21 May 58 to 23 May 1958 and last saw her alive on 23 May 1958. Death occurred at 9 47 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: James A. Kinder (Degree or title) M.D.
22b. ADDRESS: Cape Girardeau Mo.
22c. DATE SIGNED: 2 June '58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/26/58
23c. NAME OF CEMETERY OR CREMATORY: Spencer Heights
23d. LOCATION (City, town, or county) (State): Mounds, Illinois
24. FUNERAL DIRECTOR: Edward H. Puffin — ADDRESS: 2501 Popler St. Cairo, Illinois
25. DATE RECD. BY LOCAL REG.: June 11, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Homer E. Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward A. Ruffin

Licensed Embalmer No. 502
2501 Poplar Street
P. O. Address Cairo, Ill

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.