

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018082

FILED JUN 4 1959

Registration District No. 150

Primary Registration District No. 5592

STATE FILE NUMBER  
Registrar's No. 128

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON Co. Hosp.		Length of stay in lb. 3 mo.	7005 STREET ADDRESS (If outside, give location) 719 S. CRANE
3. NAME OF DECEASED (Type or print) First JOHN Middle Last Basene		4. DATE OF DEATH Month May Day 26 Year 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15-1875
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (City and state or country) Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Henry Basene	
14. MOTHER'S MAIDEN NAME Maryb. Lay		15. NAME OF HUSBAND, OR WIFE Olivia Basene	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Olivia Basene 719 S. Crane	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arterio-sclerosis			
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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		COUNTY STATE	
21. I attended the deceased from 2-24-59 to 5-26-59 and last saw him on 5-26-59 Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas. Haper M.D.		22b. ADDRESS Lee's Summit, Mo	
22c. DATE SIGNED 5/26/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 29-59	
23c. NAME OF CEMETERY OR CREMATORY Mount Hope		23d. LOCATION (City, town, or county) Indep. Mo	
24. FUNERAL DIRECTOR Roland P. Speck		ADDRESS Indep Mo	
25. DATE RECD. BY LOCAL REG. 5/28/59		26. REGISTRAR'S SIGNATURE W.B. Langford	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Any diseases in part I must be carefully recorded.

02561 2 I NLP

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 *Gene Y. Smith* .....

Licensed Embalmer No. *4283* .....  
P. O. Address *Delap Mo* .....

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.