

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012047

FILED VS MAR 17 1960

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 49

INDEXED

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY MARIES									
b. CITY (If outside corporate limits, give TOWNSHIP only) Rolla		Length of stay in 1b 1 mo.		c. CITY OR TOWN Highway 28, 5 mi		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) McFarland Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) South of Belle Mo		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First EUNICE Middle ANN Last BASHAM				4. DATE OF DEATH Month 3 Day 9 Year 1960									
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 4/22/76		9. AGE (last birthday) 84 83		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Gasconade County Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME GEORGE Mahaney			13b. MOTHER'S MAIDEN NAME JANE ESTES			14. NAME OF HUSBAND OR WIFE W.S. BASHAM							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Mrs. Oliver Siegler								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) arterio sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m.		Month, Day, Year											
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		COUNTY		STATE					
21. I attended the deceased from 2-29-60 to 3-9-60 and last saw her ^{her} alive on 3-9-60 Death occurred at 9 p m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Wm R. Stoll				22b. ADDRESS Rolla, Mo				22c. DATE SIGNED 3-9-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/11/60		23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY		23d. LOCATION (City, town, or county) (State) NEAR BELLE MO							
24. FUNERAL DIRECTOR Wm R. Stoll				ADDRESS Belle Mo		25. DATE RECD. BY LOCAL REG. Mar. 10, 1960		26. REGISTRAR'S SIGNATURE Nadene L Stoll					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Oliver L. Jones

Licensed Embalmer No. 4411

P. O. Address Belle Meade

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.