

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027963

FILED VS
 INDEXED

JUL 20 1960

Registration District No. 297 Primary Registration District No. 6121 Registrar's No. 87

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grape Grove Twn			Length of stay in Tn 13 yrs	c. CITY OR TOWN Cowgill, Mo RFD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -----			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First THOMAS Middle WOODROW Last BASHAM				4. DATE OF DEATH Month June Day 30 Year 1960			
5. SEX male	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 1-5-17	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Dairying	11. BIRTHPLACE (City and state or country) Cowgill, Mo RFD		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Henry Basham			13b. MOTHER'S MAIDEN NAME Della Clevenger		14. NAME OF HUSBAND OR WIFE Mary Elizabeth 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. 499-18-4940	17. INFORMANT Address Mary Elizabeth Basham, Cowgill, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			Chronic Hepatitis				Several years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Capillary glomerulosclerosis				Several years
			DUE TO (c) Diabetes Mellitus				many years
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 Jan - 1948 to June 30, 1960 and last saw him alive on Jan 1960		Death occurred at 6:30 P. on the date stated above, and to the best of my knowledge, from causes stated:					
22a. SIGNATURE (Degree or title) OE. Goldberg MD				22b. ADDRESS Braymer, Missouri		22c. DATE SIGNED 7-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-2-60	23c. NAME OF CEMETERY OR CREMATORY Cowgill,		23d. LOCATION (City, town, or county) Cowgill, Missouri		(State)	
24. FUNERAL DIRECTOR Mead-Pitts Funeral Service,			ADDRESS Braymer, Mo	25. DATE RECD. BY LOCAL REG. 7-14-1960	26. REGISTRAR'S SIGNATURE Malul Jackson		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JUL 21 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald S. Mead

Licensed Embalmer No. 250

P. O. Address Braymer, 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.