

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029499

FILED VS AUG 24 1960

Registration District No. 001 Primary Registration District No. 5010 Registrar's No. 38 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Empire Twp.		Length of stay in lb Life	c. CITY OR TOWN Empire Twp. 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 type="checkbox"/>	d. STREET ADDRESS (If outside, give location) N.W. Union Star, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Albert Middle A. Last Bashor			4. DATE OF DEATH Month Aug. Day 18, 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 9/13/76	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (City and state or country) Phillips Co., Kansas		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Alexander W. Bashor		13b. MOTHER'S MAIDEN NAME Nancy Harlman		14. NAME OF HUSBAND OR WIFE Claudia E. Bashor	
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. 493-42-3373	17. INFORMANT Address Claudia E. Bashor, Union Star, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Coronary Arteriosclerosis</i> DUE TO (b) <i>Arteriosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 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 April 1960 to 8-17-60 and last saw him alive on August 18, 1960 Death occurred at 4.50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <i>[Signature]</i>		22b. ADDRESS King City	22c. DATE SIGNED 8-19-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Union Star, Mo.,	23d. LOCATION (City, town, or county) (State) Union Star, Mo.,
24. FUNERAL DIRECTOR Roland D. Black		25. DATE RECD. BY LOCAL REG. 8-20-60	26. REGISTRAR'S SIGNATURE Lillian Sparks

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

OCT 3 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

Roland D. Clark
Signature of Student Embalmer

Signed

Roland D. Clark

Licensed Embalmer No. 447

P. O. Address High City

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.