

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028774

STATE FILE NUMBER

AMENDED

FILED SEP 9 1961

Primary Registration District No. Registrar's No. 47

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Laclede</b>						
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gasper Texas</b>		Length of stay in 1b <b>1 hr.</b>		c. CITY OR TOWN <b>Lebanon</b>		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) <b>Rural Rt. #4</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Bobby</b> Middle <b>Ray</b> Last <b>Basnett</b>				4. DATE OF DEATH Month <b>Aug.</b> Day <b>11</b> Year <b>1961</b>						
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>11-21-41</b>		9. AGE (last birthday) <b>19</b>		
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) <b>mechanic</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and state or country) <b>Laclede Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Homer Basnett</b>			13b. MOTHER'S MAIDEN NAME <b>Edith Dickinson</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				17. INFORMANT <b>Eddie Basnett, Lebanon, Mo.</b>		Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>accidental drowning</b> DUE TO (b) <b>due to cancer</b> DUE TO (c) <b>In the Niagara River</b> 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 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 _____ to _____ and last saw her alive on _____. Death occurred at <b>10:15</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) <b>[Signature]</b>					22b. ADDRESS <b>Buffalo Mo</b>			22c. DATE SIGNED <b>8-8-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>8-15-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Home Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Laclede Co., Missouri</b>			
24. FUNERAL DIRECTOR <b>J.J. Shadel</b>				ADDRESS <b>Lebanon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8/30/61</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		

VS SEP 1 1961

FEB 15 1962

**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 Frie M. Abbott

Licensed Embalmer No. 5145

P. O. Address Springfield

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.