MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015178
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1898

FILED APR 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 3224 2
3
4 1
5 1
6
7 0
8 1
9 223X
10
11
12 6.7-0
13

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b 20 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2027 OAKLEY AVENUE
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First FERN Middle BASS Last DEWEESE

4. DATE OF DEATH Month APRIL Day 4th Year 1962

5. SEX FEMALE
6. COLOR OR RACE CAUCASIAN
7. Married ☒, Never Married ☐, Widowed ☐, Divorced ☐
8. DATE OF BIRTH 10-9-14
9. AGE (last birthday) 47
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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) MONETT MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Otto F. Bass ~~UNKNOWN DEWEESE~~
13b. MOTHER'S MAIDEN NAME EDNA ROARK
14. NAME OF HUSBAND OR WIFE ALDEN.C.DEWEESE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. –
17. INFORMANT KANSAS CITY MISSOURI
ALDEN.C.DEWEESE 2027 OAKLEY AVENUE (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxiation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Brain Stem Pressure
DUE TO (c) Meningioma
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)
Mild Bronchopneumonia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-15-62 to 4/4/62 and last saw her alive on 4/4/62
Death occurred at 6.20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Underwood (Degree or title) M.D.
22b. ADDRESS 5700 E 24th K.C. Mo.
22c. DATE SIGNED 4/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 4-5-62
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY
23d. LOCATION (City, town, or county) MONETT (State) MISSOURI

24. FUNERAL DIRECTOR D.W.Newcomer's, Sons, Kansas City, Mo ADDRESS 1331 Brush Creek Blvd.
25. DATE RECD. BY LOCAL REG. 4-5-62
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
13a	Otto F. Bass	De Weese	4-13-62

BY AFFIDAVIT OF Funeral Home DOCUMENT –

10:30 1:00 P.M.

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 Norman W. Thorson

Licensed Embalmer No. 4884

P. O. Address Lathrop, 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.