

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-018947**

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 48

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED MAY 28 1963</b>	
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <b>Atchison</b></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fairfax</b> Length of stay in 1b <b>5 Hours</b></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Community Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>MO</b> b. COUNTY <b>Atchison</b></p> <p>c. CITY OR TOWN <b>Blanchard, Iowa</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET (if outside, give location) <b>Blanchard in Missouri</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>3. NAME OF DECEASED</b> First Middle Last <b>Burton Glen Basaker</b></p>	
<p><b>4. DATE OF DEATH</b> Month Day Year <b>May 6-15th 1963</b></p>	
<p><b>5. SEX</b> <b>Male</b></p>	<p><b>6. COLOR OR RACE</b> <b>White</b></p>
<p><b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <b>May-3-1884</b></p>
<p><b>9. AGE</b> (last birthday) <b>79</b></p>	<p><b>10. KIND OF BUSINESS OR INDUSTRY</b> <b>Carpenter</b></p>
<p><b>11. BIRTHPLACE</b> (City and state or country) <b>Iowa</b></p>	<p><b>12. CITIZEN OF WHAT COUNTRY</b> <b>U S</b></p>
<p><b>13a. FATHER'S NAME</b> <b>Daniell Basaker</b></p>	
<p><b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma Pennfield</b></p>	
<p><b>14. NAME OF HUSBAND OR WIFE</b> <b>Jake Basaker</b></p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)</p>	
<p><b>16. SOCIAL SECURITY NO.</b></p>	
<p><b>17. INFORMANT</b> Address <b>Jake Basaker Blanchard, Iowa</b></p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per item. Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolus</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Mesenteric Thrombosis</b> <b>16 hours</b></p> <p>DUE TO (c) <b>Arteriosclerotic Heart Disease</b> <b>4 years</b></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p><b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p><b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year</p>	
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>
<p><b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE</p>	
<p><b>21. I attended the deceased from</b> <u>5/15/63</u> to <u>5/15/63</u> and last saw him alive on <u>5/15/63</u></p> <p>Death occurred at <u>5 20</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> (Degree or title) <b>Edward F. Boreman</b></p>	<p><b>22b. ADDRESS</b> <b>Tankio, Mo</b></p>
<p><b>22c. DATE SIGNED</b> <b>5/20/63</b></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b></p>	<p><b>23b. DATE</b> <b>May-20-1963</b></p>
<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Blanchard Cemetery</b></p>	
<p><b>23d. LOCATION</b> (City, town, or county) (State) <b>Blanchard, Iowa</b></p>	
<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Scott Tackes Westboro, Mo</b></p>	
<p><b>25. DATE RECD. BY LOCAL REG.</b> <b>May 24, 1963</b></p>	
<p><b>26. REGISTRAR'S SIGNATURE</b> <b>Marvin A. Schaefer</b></p>	

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 USE BLACK INK OR TYPEWRITER RIBBON

**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 

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

**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.