

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

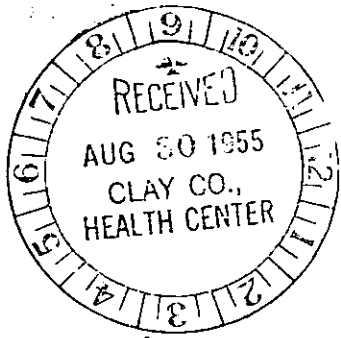
State File No. **25610**

FILED SEP 6 1955

BIRTH NO. _____		REG. DIST. NO. 971		PRIMARY REG. DIST. NO. 3012		Registrar's No. 78			
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Excelsior Springs)			c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Rayville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital				e. STREET ADDRESS (If rural, give location) Street not listed				0.890/1	
3. NAME OF DECEASED (Type or Print)			a. (First) Barbara	b. (Middle) Emaline		c. (Last) Basham	4. DATE OF DEATH (Month) (Day) (Year) August 9, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 20, 1874		9. AGE (In years last birthday) 80	10. UNDER 1 YEAR 7	11. UNDER 2 HRS. 19	12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housekeeping		11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas Edward Griffey			13b. MOTHER'S MAIDEN NAME Mary Crowley		14. NAME OF HUSBAND OR WIFE James Clayton 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucille McGaugh, Rayville, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis, senescent DUE TO (c) 332x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerotic gangrene of foot						INTERVAL BETWEEN ONSET AND DEATH 6 hrs		
19a. DATE OF OPERATION 14 July '55	19b. MAJOR FINDINGS OF OPERATION Removal of gangrenous foot						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 3-23, 1955 , to 9 Aug, 1955 , that I last saw the deceased alive on 9 Aug, 1955 , and that death occurred at 9:55A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dorice E. Sanders M.D.				23b. ADDRESS Excelsior Springs, Mo.			23c. DATE SIGNED 12 Aug '55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Dockery Cemetery		24d. LOCATION (City, town, or county) (State) Ray County, Missouri					
DATE REC'D BY LOCAL REG. 8/22/55	REGISTRAR'S SIGNATURE Baroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Richmond, Missouri	ADDRESS Funeral Home						

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.....
George J. [Signature]

Licensed Embalmer No. 406.6

P. O. Address *Richmond*

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.