

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38130

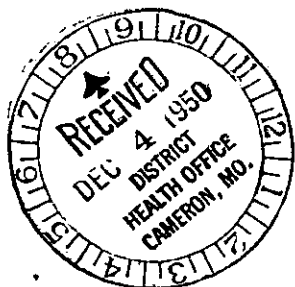
BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rayville Richmond</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rayville</u>		d. STREET ADDRESS (If rural, give location) <u>Street not listed</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Street not listed</u>		d. STREET ADDRESS (If rural, give location) <u>Street not listed</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Clayton</u>	
c. (Last) <u>Bash-Basham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>Dec. 2, 1868</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wiley Basham</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Thomas</u>	
14. NAME OF HUSBAND OR WIFE <u>Barbara E. Basham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Basham</u>		ADDRESS <u>Kansas City, Mo.</u>	
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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 <u>11-14, 1950</u> to <u>11-23, 1950</u> that I last saw the deceased alive on <u>11-23, 1950</u> and that death occurred at <u>10:20 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Bob Ray M.D.</u>		23b. ADDRESS <u>Richmond, Missouri</u>	
23c. DATE SIGNED <u>11-25-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 25, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dockery Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dockery, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 29-1950</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>QUEST-LIFE FUNERAL HOME</u>		ADDRESS <u>RICHMOND, MISSOURI</u>	

2890

0890

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

Student Embalmer

Signed.....

Licensed Embalmer No. 4792

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.