

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40505**

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5234		Registrar's No. 203	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural West Peculiar			c. LENGTH OF STAY (in this place) 44 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural West Peculiar			14 6h.
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile N. W. Peculiar, Mo.				d. STREET ADDRESS (If rural, give location) 1 mile N. W. Peculiar, Mo.			
3. NAME OF DECEASED (Type or Print) Harry		b. (Middle) D.		c. (Last) Wales		4. DATE OF DEATH (Month) (Day) (Year) Dec. 22, 1949	
5. SEX Male	b. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 22, 1868		9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) McGoupin Co., Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles A. Wales		13b. MOTHER'S MAIDEN NAME Lucy Henderson		14. NAME OF HUSBAND OR WIFE Eva R. Wales			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva Wales Peculiar, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia						INTERVAL BETWEEN ONSET AND DEATH years 59 1/2 X
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)		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 May 4 , 19 46 to 12/21 , 19 49 , that I last saw the deceased alive on 12/21 , 19 49 and that death occurred at 3 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Madison J. Robb, M.D.				23b. ADDRESS Peculiar, Mo.		23c. DATE SIGNED 12/23/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 24, 49	24c. NAME OF CEMETERY OR CREMATORY Peculiar, Mo. Cem		24d. LOCATION (City, town, or county) (State) Cass Co., Mo.			
DATE REC'D BY LOCAL REG. Dec. 24, 1949		REGISTRAR'S SIGNATURE Lana J. Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. Sargent & Sons Belton, Mo			

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 Richard E. Haise.....

Licensed Embalmer No. 3958.....

P. O. Address Belton, 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.