

FILED SEP 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29477

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 945

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ludlow, Mo. 0540	
c. LENGTH OF STAY (in this place) 7 Days		d. STREET ADDRESS (If rural, give location) R.R. # 1 Mooresville, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Daniel c. (Last) Bales			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1951		
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married <input checked="" type="radio"/>	8. DATE OF BIRTH Jan. 3, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Livingstn, Ky.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Boone Bales	13b. MOTHER'S MAIDEN NAME Mary Allenball	14. NAME OF HUSBAND OR WIFE Pearl
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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 Mrs Pearl Bales	ADDRESS Ludlow, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8:30 1951, to 9-8, 1951, that I last saw the deceased alive on 9-8, 1951, and that death occurred at 9:30P. m., from the causes and on the date stated above.

23a. SIGNATURE Harold J. Brunner (Degree or title)	23b. ADDRESS McCroski Methodist Church No	23c. DATE SIGNED 9-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept 9, 1951	24c. NAME OF CEMETERY OR CREMATORY McCroski Cemetery	24d. LOCATION (City, town, or county) (State) Ludlow Missouri
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DATE REC'D BY LOCAL REG. Sept. 14, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Stacey Funeral Home	ADDRESS 2335 St. Joseph Ave
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(Licensed Embalmer'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.

Signed _____

Elmer Thomas

Signed _____

Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, 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.