

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 22 1953

REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, write RURAL and give township) HARDIN		c. CITY (If outside corporate limits, write RURAL and give township) HARDIN	
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) 0890	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		e. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED a. (First) ANNIE (Type or Print)		b. (Middle) L.	
c. (Last) BALES		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 12 1953	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH SEPT. 15, 1875
9. AGE (In years last birthday) 77		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Honorary		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME WILLIAM MANLEY		13b. MOTHER'S MAIDEN NAME NANCY FIELDS	
13c. NAME OF HUSBAND OR WIFE ROBERT M. BALES		14. NAME OF HUSBAND OR WIFE	
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. Goldie Lile - Kansas City, Mo.		ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis of hypertensive DUE TO (c) origin II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		446X	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hardin Ray Mo		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	
22. I hereby certify that I attended the deceased from July 25, 1953 , to Sept. 12, 1953 , that I last saw the deceased alive on Sept. 12, 1953 , and that death occurred at 10:05 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Henry S. Hollman, M.D.		23b. ADDRESS Hardin, Mo.	
23c. DATE SIGNED Sept. 14, 1953		23d. SIGNATURE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-15-53	
24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery		24d. LOCATION (City, town, or county) (State) Ray Co. Mo.	
DATE REC'D BY LOCAL REG. Sept 15 - 1953		REGISTRAR'S SIGNATURE Malcolm Jackson	
25. FUNERAL DIRECTOR'S SIGNATURE Knipfchildt Bros. Hardin, Mo.		ADDRESS	

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

August Borcharding

Licensed Embalmer No. _____

4678

P. O. Address

Hardin, 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.