

FILED SEP 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31720

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 2081
1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY CRAWFORD		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) 3000	c. CITY OR TOWN BOURBON	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		e. STREET ADDRESS (If rural, give location) Rural		
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) RAY	c. (Last) BALES	4. DATE OF DEATH (Month) (Day) (Year) SEPT 6 55
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) NEVER MARRIED	8. DATE OF BIRTH April 12, 1912	9. AGE (In years last birthday) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) L.A.O.R.		10b. KIND OF BUSINESS OR INDUSTRY Own Bus.	11. BIRTHPLACE (City and State or Foreign Country) ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Lee BALES		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE UNMARRIED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 328-10-0176	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CARL BALES Bourbon, 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) Asphyxia with evidence of rupture of lungs. Findings compatible with a severe crushing injury DUE TO (b) of lungs. Findings compatible DUE TO (c) with a severe crushing injury II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9108 job		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) subdivision	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural St. Louis Mo.	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY Sept. 6, 1955 9:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Working in ditch which caved in, crushing him to chest	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Cornel J. Hillman, Coroner</i>		23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 9-12-55	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		24b. DATE 9-9-55	24c. NAME OF CEMETERY OR CREMATORY Bourbon Cem.	24d. LOCATION (City, town, or county) (State) Bourbon, Mo.
DATE REC'D BY LOCAL REG. 9/6/55		REGISTRAR'S SIGNATURE <i>Hugh R. Dombro</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W.M. Eaton Sullivan, Mo.</i>

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 *J. A. Humphrey*.....

Licensed Embalmer No. *477*.....

P. O. Address *Sullivan*.....

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.