

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22462

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6128		Registrar's File No. 66	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) Eminence		c. LENGTH OF STAY (In this place) 51 years		c. CITY (If outside corporate limits, write RURAL and give township) Eminence		1010	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) Frank		c. (Last) Bales		4. DATE OF DEATH (Month) (Day) (Year) June 10-50	
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 3- 1898		9. AGE (In years last birthday) 51 If UNDER 1 YEAR: 8 Days If UNDER 24 HRS: 7 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Eminence, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME D L Bales		13b. MOTHER'S MAIDEN NAME Stella Powell		14. NAME OF HUSBAND OR WIFE Floriece Bales			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ralph Heary Eminence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head & Chest Injury. Pain Head on Turning. Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Head Injury DUE TO (c) Head 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 2 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 101				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) TRUCK (two)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Rural Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eminence Shannon Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 10 50 9 AM		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? (2) Truck accident Head on.			
22. I hereby certify that I attended the deceased from 6/10, 1950, to 6/10, 1950, that I last saw the deceased alive on 7a m., and that death occurred at 7a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James R. Shaffer M.D.				23b. ADDRESS Mtn View Mo.		23c. DATE SIGNED 6/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE June 12-50		24c. NAME OF CEMETERY OR CREMATORY New		24d. LOCATION (City, town, or county) (State) Eminence, Mo.	
DATE REC'D BY LOCAL REG. 6/17/50		REGISTRAR'S SIGNATURE J. H. Bales		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo			

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MINNESOTA STANDARD CERTIFICATE OF DEATH

RECEIVED 6-20-60

District Health Officer No. 5,

District File Number 650361

Date Filed 6-20-50

NAME OF DECEASED		DATE OF DEATH		PLACE OF DEATH	
MAY 28 1950					
SEX		AGE		OCCUPATION	
M		28			
MARRIED		SINGLE		EDUCATION	
M		M		H	
COUNTRY OF BIRTH		CITY OF BIRTH		CITY OF DEATH	
U.S.A.		MINN.		MINN.	
CITY OF DEATH		CITY OF BIRTH		CITY OF DEATH	
ST. LOUIS, MO.		ST. LOUIS, MO.		ST. LOUIS, MO.	
CITY OF DEATH		CITY OF BIRTH		CITY OF DEATH	
ST. LOUIS, MO.		ST. LOUIS, MO.		ST. LOUIS, MO.	
CITY OF DEATH		CITY OF BIRTH		CITY OF DEATH	
ST. LOUIS, MO.		ST. LOUIS, MO.		ST. LOUIS, MO.	

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

working under my personal supervision.

Student Embalmer No.

Signed

Joe R. Duncan

Signed

Student Embalmer

Licensed Embalmer No.

4325

P. O. Address

St. Louis, 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.

22525564

STANDARD EMBALMER'S CERTIFICATE

MINNESOTA DEPARTMENT OF HEALTH - DIVISION OF HEALTH - BUREAU OF VITAL RECORDS