

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41503

BIRTH NO.		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4322		Registrar's No. 89	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Marian Twp.)			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Axtell Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) P.		b. (Middle) M.		c. (Last) Bales		4. DATE OF DEATH (Month) (Day) (Year) Dec. 4, 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Febr. 15, 1867	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Tenn. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME P. M. Bales		13b. MOTHER'S MAIDEN NAME Nancy Underwood		14. NAME OF HUSBAND OR WIFE Caroline Bales	
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 ADDRESS Millard Bales Princeton			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH 14 hrs.	
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 12-4-50, 19, to 12-4-50, 19, that I last saw the deceased alive on 12-4-50, 19, and that death occurred at 9:50P m., from the causes and on the date stated above.							
23a. SIGNATURE Rayon Z. Axtell D.O.		23b. ADDRESS Princeton, Missouri		23c. DATE SIGNED 12/18/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE Dec. 6, 1950		24c. NAME OF CEMETERY OR CREMATORY Farley Cemetery		24d. LOCATION (City, town, or county) (State) Mercer County Mo.	
DATE REC'D BY LOCAL REG 12-20-50		REGISTRAR'S SIGNATURE M. J. Keith		393 FUNERAL DIRECTOR'S SIGNATURE J. H. Hinkle		ADDRESS Lineville, Iowa.	

(Licensed Embalmers' 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

James L. Gruber

Licensed Embalmer No. 3967

P. O. Address Laneville, Iowa

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.