

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5711**
Registrar's No. **892**

MAR 7 - 1953

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	c. LENGTH OF STAY (If this place) 14 yrs	c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 3498	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) 3216 CAMPBELL STREET	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) Lee c. (Last) BALES			4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 9-1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug 6, 1876	9. AGE (In years) 76	if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY JOB PRINTING		11. BIRTHPLACE (City and State or Foreign Country) 0	
10a. RETIRED		10b. JOB PRINTING		11. EXCELSIORS SPRINGS MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOHN CALVIN BALES		13b. MOTHER'S MAIDEN NAME MARY JACOBS		14. NAME OF HUSBAND OR WIFE MYRA 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. 492 183845A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN C. BALES 3216 CAMPBELL KANSAS CI	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Peritonitis - causal		INTERVAL BETWEEN ONSET AND DEATH 10 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Antemortem		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of Sigmoid		153X	

19a. DATE OF OPERATION 1-30-53		19b. MAJOR FINDINGS OF OPERATION Peritonitis			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **7-30**, 19**52**, to **2-9**, 19**53**, that I last saw the deceased alive on **2-9-53**, 19**53**, and that death occurred at **1:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank B. Leitz (Degree or title) 0: MD		23b. ADDRESS 1530 Prof Bldg Kansas City, Mo		23c. DATE SIGNED 2-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 11, 53		24c. NAME OF CEMETERY OR CREMATORY LAWSON CEMETERY	
24d. LOCATION (City, town, or county) (State) LAWSON MISSOURI					

DATE REC'D BY LOCAL REG. 2-11-53		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons	
				ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO	

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City, 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.