

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1953

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>64</b>	
1. PLACE OF DEATH a. COUNTY <b>CLAY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EXCELSIOR SPRINGS</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EXCELSIOR SPRINGS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>620 S. MARIETTA</b>				d. STREET ADDRESS (If rural, give location) <b>620 S. MARIETTA 0</b>			
3. NAME OF DECEASED (Type or Print) <b>FLOYD</b>			a. (First) <b>I</b>		b. (Middle) <b>BALES</b>		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 16 1953</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>APRIL 27 1897</b>		9. AGE (In years last birthday) <b>56</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONSTRUCTION WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HEAVY EQUIPMENT</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>SAMUEL BALES</b>		13b. MOTHER'S MAIDEN NAME <b>PLINA LANE</b>	
14. NAME OF HUSBAND OR WIFE <b>REGINA S. BALES</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI 7-26-18-12-17-18</b>		16. SOCIAL SECURITY NO. <b>491-01-9624</b>		17. INFORMANT'S SIGNATURE OR NAME <b>REGINA BALES, 620 S. MARIETTA, EX. SPRINGS Mo.</b>	
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) <b>Ventricular Fibrillation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial infarction</b>				<b>40 min.</b>	
		DUE TO (c) <b>coronary atherosclerosis</b>				<b>5 yrs.</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					
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)		<b>4201</b>	
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 <b>6-20 1949</b> , to <b>5-16 1953</b> , that I last saw the deceased alive on <b>5-16 1953</b> , and that death occurred at <b>1:40 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Doris H. Hunsgraver M.D.</b>				23b. ADDRESS <b>Excelsior Springs, Mo.</b>		23c. DATE SIGNED <b>5-18-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-20-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CROWN HILL</b>		24d. LOCATION (City, town, or county) (State) <b>EXCELSIOR SPRINGS, MO.</b>	
DATE REC'D BY LOCAL REG. <b>5-26-53</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles Richard</b>		ADDRESS <b>Excelsior Springs Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Luella K. Garman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs 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.