

**STANDARD CERTIFICATE OF DEATH**

State File No. **34828**  
163

FILED SEP 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Washington Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Stella</b>	
c. LENGTH OF STAY (in this place) <b>0-6-0</b>		d. STREET ADDRESS (If rural, give location) <b>rural</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp #3</b>			

3. NAME OF DECEASED a. (First) <b>Liburn</b> b. (Middle) <b>S</b> c. (Last) <b>Bales</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 13-1953</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 16-1873</b>	9. AGE (in years last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b></b>	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>	12. COUNTRY OF BIRTH <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Leo Bales</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Bartley</b>	14. NAME OF HUSBAND OR WIFE <b>Ada Bales</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>144</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wood Records Nevada</b>	ADDRESS <b>2100</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c) <b></b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>3.31 X</b>
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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?
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22. I hereby certify that I attended the deceased from **Feb 13, 1953**, to **Sept 13, 1953**, that I last saw the deceased alive on **Sept 13, 1953**, and that death occurred at **4:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. M. Harris</b>	(Degree or title)	23b. ADDRESS <b>Newton Mo</b>	23c. DATE SIGNED <b>9/13/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-16-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Stella, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-16-53</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	421	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. M. Harris</b>	ADDRESS <b>Wheaton, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10-48  
802  
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

*James Kenneth Shuman*

Licensed Embalmer No. *4747*

P. O. Address *Whitew, 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.