

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**3998**

State File No. ....

No. 300  
10-48

FILED MAR 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 212

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Ray</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>	
c. LENGTH OF STAY (In this place) <u>264-87-16 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <u>John</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Bales</u>	(Month) <u>Feb</u>	(Day) <u>20</u>	(Year) <u>54</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>not given</u>		9. AGE (In years last birthday) <u>63</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 1 YEAR Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____	

13a. FATHER'S NAME <u>not given</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs John Bales</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Bales</u>	
				ADDRESS <u>Rt 6, Mo.</u>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>2 weeks</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>			
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Deficiency</u>				

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 Jan 1, 1953, to Feb 20, 1954, that I last saw the deceased alive on Feb 19, 1954, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Garrett Thomas M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo No State Hwy. no 2</u>		23c. DATE SIGNED <u>2/20/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY _____	
				24d. LOCATION (City, town, or county) (State) <u>Mirksville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Feb 25, 1954</u>		REGISTRAR'S SIGNATURE <u>Gather M. Allison</u>		485	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman L. Eidenhofer</u>		ADDRESS <u>1802 Knickerbocker St. St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*Robert H. Yapple*

Licensed Embalmer No. 3308

P. O. Address. St. Joseph, 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.