

FILED AUG 12 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5551 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WEST PLAINS</u>		c. CITY OR TOWN <u>West Plains</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RURAL</u>		d. STREET ADDRESS (If outside, give location) <u>Howell St</u>	
3. NAME OF DECEASED (Type or print) First <u>Matthe</u> Middle <u>Ar</u> Last <u>Bale</u>		4. DATE OF DEATH Month <u>7</u> Day <u>28</u> Year <u>1957</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-21-1879</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY <u></u>	9c. AGE (In years last birthday) <u>78</u> Months <u>0</u> Days <u>7</u>
10a. FATHER'S NAME <u>Gas. E. Peyton</u>		10b. MOTHER'S MAIDEN NAME <u>Alice Harrington</u>	10c. NAME OF HUSBAND OR WIFE <u>R. B. Bale</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HYPERTENSIVE CARDIO-VASCULAR DISEASE</u> DUE TO (b) <u>HYPERTENSION, ESSENTIAL</u> DUE TO (c) <u>443X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>YEARS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1. PREVIOUS CEREBRAL HEMORRHAGES 2. DIABETES</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PART III) <u>MEASLES</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>West Plains</u>	
20g. COUNTY <u>Howell</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>Sept. 20 1957</u> to <u>July 28 1957</u> and last saw her alive on <u>7-27-1957</u> Death occurred at <u>7-28-57 7:55 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Legible or U.S.) <u>Jack N. Wilson, M.D.</u>	
22b. ADDRESS <u>West Plains, Mo.</u>		22c. DATE SIGNED <u>8-2-57</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>7-30-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Old Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>
24. FUNERAL DIRECTOR <u>Robertson</u>		25. DATE RECD. BY LOCAL REG. <u>8-6-57</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>

(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed

R. J. Drago

Licensed Embalmer No.

4547

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.