

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36341
STATE FILE NUMBER

FILED NOV 8 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 517

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Joplin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St John Hosp</u> HOSPITAL OR INSTITUTION Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>IRA</u> Middle Last <u>BALEY</u>			4. DATE OF DEATH Month <u>10</u> Day <u>25</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-1-1881</u>
9. AGE (In years <u>76</u>) Month Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) <u>Common Laborer</u>	11. BIRTHPLACE (City and state or country) <u>No Record</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Ira Baley</u>	
13b. MOTHER'S MAIDEN NAME <u>Jane Gearing</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Crume Rest Home</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia - of</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - generalized</u> DUE TO (c) <u>6 months</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4500</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>10-10-57</u> to <u>10-25-57</u> and last saw ^{her} him alive on <u>10-25-57</u> Death occurred at <u>9:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lewis H Ferguson M.D.</u>		22b. ADDRESS <u>327 E.R.P. Bldg. Joplin Mo.</u>	
22c. DATE SIGNED <u>10-29-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10-26-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Parson, Kansas</u>
24. FUNERAL DIRECTOR <u>Shoruhill Dillon</u>		25. DATE RECD. BY LOCAL REG. <u>11-4-57</u>	
ADDRESS <u>Joplin Mo</u>		26. REGISTRAR'S SIGNATURE <u>Dovec Merriam</u>	

(Licensed Emballer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 Robert E. Koller....., Student Embalmer No. 557..... working under my personal supervision.

Student Robert E. Koller
Signature of Student Embalmer

Signed Paul A. Howkell

Licensed Embalmer No. 3590
P. O. Address Johns Md

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.