Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-043268
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1328

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 518½ Charles St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 518½ Charles St. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First PAUL Middle TRACY Last BALES
4. DATE OF DEATH Month Dec. Day 10 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☑
8. DATE OF BIRTH Dec. 9, 1892
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter & Papar hanger
10b. KIND OF BUSINESS OR INDUSTRY Painting-Papar hanging
11. BIRTHPLACE (City and state or country) Paragon, Indiana
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME William Bales
13b. MOTHER'S MAIDEN NAME Maggie Hastings
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.#1
16. SOCIAL SECURITY NO. 500-10-8357
17. INFORMANT Mrs. Otho Young — Address Paragon, Indiana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Unattended, to _____ and last saw him alive on _____
Death occurred at 5:15P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Assistant City Health Officer (Degree or title) L. H. Pifer, MD
22b. ADDRESS 302 Faraon St Joseph
22c. DATE SIGNED 12-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-15-58
23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
23d. LOCATION (City, town, or county) St. Joseph (State) Missouri
24. FUNERAL DIRECTOR Stamey Funeral Home NHS — ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Dec 13, 1958
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
Dr. L.H. Pifer
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 29 1959

## 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 Charles E. Bennett

Licensed Embalmer No. 4677

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

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