

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 4 5 1 0 1

FILED VS DEC 29 1959

297 Primary Registration District No. 6022 Registrar's No. 161

STATE FILE NUMBER

ENDED

|  |  |   |   |   |   |   |   |  |
|--|--|---|---|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Ray</b>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b> |   |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Richmond Twp</b>   |  | Length of stay in 1b<br><b>2 months</b>   |   | c. CITY OR TOWN <b>Braymer, Missouri</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>5 miles n. Richmond, Mo.</b>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                    |   | d. STREET ADDRESS (If outside, give location)<br><b>St mt 201st</b> |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Rebecca</b> Middle <b>Belle</b> Last <b>Bales</b>  |  |   |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>22</b> Year <b>1959</b>  |   |   |   |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>11/28/73</b>   | 9. AGE (last birthday)<br><b>86</b>                                 | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>24</b> Hours <b></b> Min. <b></b>  | IF UNDER 24 HR<br>Hours <b></b> Min. <b></b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Ray County, Missouri</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>USA</b>            |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |
| 13a. FATHER'S NAME<br><b>George W. Ballew</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Jane Ball</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Lark A. Bales</b>                 |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Mrs. Raymond Fuller, Richmond, Mo.</b>  |   |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CVA</b>   |  |   |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hr</b>                                      |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (b) <b>Fell INJURING RT eye and head several weeks ago.</b>  |   |   |   |   |   |  |
|  |  | DUE TO (c) <b>ago.</b>  |   |   |   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input checked="" 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.)<br><b>Fell striking rt head several years ago</b>              |   |   |   |   |   |  |
| 20c. TIME OF INJURY<br>Hour <b>unknown</b> Month, Day, Year <b>12-15-59</b>  |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b> |   | 20f. CITY, TOWN, OR LOCATION<br><b>Richmond Twp Ray Mo</b>          |   | COUNTY <b>Ray</b> STATE <b>MO</b>   |  |
| 21. I attended the deceased from <b>12-22-59</b> to <b>12-22-59</b> and last saw him/her alive on <b>12-22-59</b><br>Death occurred at <b>10:25 A</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |   |   |   |   |  |
| 22a. SIGNATURE <b>BB Bales</b> (Degree or title)   |  |   |   | 22b. ADDRESS <b>Richmond</b>  |   |   | 22c. DATE SIGNED <b>12-23-59</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>12/24/59</b>   | 23c. NAME OF CEMETERY OR CREMATOR<br><b>Penniston Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Ray County, Missouri</b>  |   |   |   |  |
| 24. FUNERAL DIRECTOR<br><b>Thomas J. Carter, Richmond, Mo.</b>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-26-1959</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Mabel Jackson</b>                   |   |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Thomas J. Carter

Licensed Embalmer No. 4475

P. O. Address Richmond, 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.