

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4661

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4215 Registrar's No. 69

20
1

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brimmington
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Henry
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brimmington 0420
d. STREET ADDRESS (If rural, give township) 0

3. NAME OF DECEASED
a. (First) Charles
b. (Middle) _____
c. (Last) Bales
4. DATE OF DEATH (Month) (Day) (Year) May 9 - 16 - 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH Aug 9 - 1891 9. AGE (In years) (Month) (Day) (Year) 58-69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTH PLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bath Bales 13b. MOTHER'S MAIDEN NAME Lizzie Cund 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mollie Douglas Brimmington ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:
DUE TO (b) arteriosclerosis and hypertension
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
33X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Apr 20, 1949, to May 9, 1950, that I last saw the deceased alive on May 9, 1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Regist. or title) James Smith M.D. D 23b. ADDRESS Clinton, Missouri 23c. DATE SIGNED Mar 11, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-13-50 24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery Brimmington, MO 24d. LOCATION (City, town, or county) (State) _____

DATE RECORDED BY LOCAL REG. Mar 11 - 50 REGISTRAR'S SIGNATURE Florence Adair 4221 25. FUNERAL DIRECTOR'S SIGNATURE Ray Forest ADDRESS _____

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

RECEIVED
District Health Officer No. 7,
District File Number 2-50-200
Date Filed 3-12-58

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 Tom Hurst
Licensed Embalmer No. 2782

P. O. Address Deerpark, 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.