

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010610
STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Farmington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Length of stay in lb 41	d. STREET ADDRESS (If outside, give location) RFD # 2
3. NAME OF DECEASED (Type or print) First Middle Last Edward Bales			4. DATE OF DEATH Month Day Year March 8, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 14, 1887
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber	11. BIRTHPLACE (City and state or country) Garrod Co., Kentucky
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME James Bales		13b. MOTHER'S MAIDEN NAME Elizabeth Rogers	14. NAME OF HUSBAND OR WIFE Rose Bales
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-34-0637	17. INFORMANT Rose Bales Address Farmington, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease			INTERVAL BETWEEN ONSET AND DEATH 3 years
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 unrelated to the terminal disease condition given in PART I (a) Aortic regurgitation.			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.) 4260	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 23, 1959 to Mar 8, 1959 and last saw him alive on Mar 8, 1959 Death occurred at 3 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. A. Huckstep M.D. (Degree or title)		22b. ADDRESS Farmington, MO	22c. DATE SIGNED 3/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/11/59	23c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery	23d. LOCATION (City, town, or county) (State) Doe Run Missouri
24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 12, 1959	26. REGISTRAR'S SIGNATURE Cather Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6661 8 1959

MS APR 11 1959

MAR 18 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 *Paul H. [unclear]*

Licensed Embalmer No. *4120*

P. O. Address *Farmington*

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.