

FILED JUN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23068

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	
c. LENGTH OF STAY (In this place) <u>21 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>713 High Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>713 High St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PERRY</u>		b. (Middle) <u>WARN</u>	
		c. (Last) <u>BALES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 14, 1896</u>
9. AGE (In years last birthday) <u>53</u>		10. AGE (In years) if UNDER 1 YEAR (Months) (Days) if UNDER 24 HRS. (Hours) (Min.) <u>8 26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watchman Policing</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Police</u>	
11. BIRTHPLACE (State or foreign country) <u>Osborne Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Shadrack Bales</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cates</u>	
		14. NAME OF HUSBAND OR WIFE <u>Mary Bales</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 5/21/18 - 11/15/18 WWI</u>		16. SOCIAL SECURITY NO. <u>500-29-0431</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Bales 713 High St. Exc. Sp. Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>10'</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10 July, 1950</u> , to <u>10 July, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:59 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George C. Sanders M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>	
		23c. DATE SIGNED <u>11 July, 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/14/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Salem</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/12/50</u>		REGISTRAR'S SIGNATURE <u>Caroline Hitchcock</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>David Richard, Excelsior Springs, Mo.</u>	

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

0241

0241

1967 87 707



JUL 25 1960
AUG 4 1960

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 Lindeell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.