

FILED JAN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42984

State File No.

DELETED

BIRTH NO.		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4262		Registrar's No. 71	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>Monroe</i>		b. CITY (If outside corporate limits, write RURAL and give township) <i>Knox City</i>		a. STATE <i>MO</i>		b. COUNTY <i>Lewis</i>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>La Belle</i>		56			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <i>LIZZIE</i>		b. (Middle) <i>MAY</i>		c. (Last) <i>BALTZELL</i>		7 May 25 1948	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
9. AGE (In years last birthday) <i>68</i>		10. KIND OF BUSINESS OR INDUSTRY <i>House work</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>George A. Baltzell</i>		13b. MOTHER'S MARRIAGE NAME <i>Marjann Walter</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Walter Baltzell</i>		ADDRESS <i>La Belle</i>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>				<i>few minutes</i>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				7	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<i>Coronary Sclerosis</i>	
		DUE TO (b)					
		DUE TO (c)				<i>4201</i>	
II. OTHER SIGNIFICANT CONDITIONS		<i>General Debility</i>					
Conditions contributing to the death but not related to the disease or condition causing death.							
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)		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 April 19 48, to May 25 1948 that I last saw the deceased alive on May 24, 1948, and that death occurred at 2:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Waldo B. Brown, M.D.</i>				23b. ADDRESS <i>Knox City MO</i>		23c. DATE SIGNED <i>1/2/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATOR		24d. LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>May 27/48</i>		<i>Beer Ridge</i>		<i>La Belle MO</i>	
DATE REC'D BY LOCAL REG. <i>Jan-1-49</i>		REGISTRAR'S SIGNATURE <i>Paul S. Hundert</i>		FEDERAL DIRECTOR'S SIGNATURE <i>Gerth Baskett</i>		ADDRESS <i>Memphis</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 5 1950

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

Fred Gerth

Licensed Embalmer No. *4256*

P. O. Address *Memphis*

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.