

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7286

BIRTH NO.		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 4016		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Tarkio		c. LENGTH OF STAY (in this place) township) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio		2 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION ***				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY			b. (Middle) ***		c. (Last) BALLE		4. DATE OF DEATH (Month) (Day) (Year) March 5, 1949
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 4, 1879	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months 8	11. UNDER 24 HRS. Days 1 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hamburg, Iowa, 1		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ignatz Balle		13b. MOTHER'S MAIDEN NAME Mary Widoholt		14. NAME OF HUSBAND OR WIFE Mildred Wilson Balle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Balle		ADDRESS Tarkio, Mo.	
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, asphyxia, 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) arterio-sclerosis 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 25 days 3 yrs.	
19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓ 33X					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) m.		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 Feb 6, 1949, to Mar 5, 1949, that I last saw the deceased alive on Mar 5, 1949, and that death occurred at 8:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE C. S. Haskell (Degree or title) O.M.D.				23b. ADDRESS Tarkio, Mo.		23c. DATE SIGNED 3/7/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/7/49	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) Tarkio, Mo.		(State)
DATE REC'D BY LOCAL REG. 3-7-49		REGISTRAR'S SIGNATURE Betty Crabtree		25. FUNERAL DIRECTOR'S SIGNATURE 4 Davis Funeral Home		ADDRESS Tarkio, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

MR. Robert

**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.

Signed \_\_\_\_\_

*John M. Davis*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2391

P. O. Address Tarkio, 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.