

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26601

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 781

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2111 N. Ramsey		d. STREET ADDRESS (If rural, give location) 2111 N. Ramsey	

3. NAME OF DECEASED (Type or Print) a. (First) PETE	b. (Middle)	c. (Last) BALMER	4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1949
---	-------------	-------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
--------------------	-------------------------------	---	---------------------------------------	---	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greene Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	--

13a. FATHER'S NAME Fred Balmer	13b. MOTHER'S MAIDEN NAME Jane Woods	14. NAME OF HUSBAND OR WIFE Mrs. Minnie Balmer
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Balmer	ADDRESS Springfield 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 443X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Decompensated Hypertensive Heart Disease.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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 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 **Dec 13, 1945**, to **Aug 30, 1949**, that I last saw the deceased alive on **Aug 30, 1949**, and that death occurred at **5:25p m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. D. F. Youell	(Degree or title) M.D.	23b. ADDRESS 234 1/2 E Commercial Springfield, Mo.	23c. DATE SIGNED 8-31-49
--	-------------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-3-49	24c. NAME OF CEMETERY OR CREMATORY Grunklaw	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. 9-2-49	REGISTRAR'S SIGNATURE W. Handley	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Ringwood	ADDRESS Springfield Mo.
--	---	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

May Rhodes

Signed.....

Student Embalmer

Licensed Embalmer No.

4071

P. O. Address.....

Springfield

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.