

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23567

BIRTH NO.		REG. DIST. NO. 172		PRIMARY REG. DIST. NO. 4273		Registrar's No. 463	
1. PLACE OF DEATH a. COUNTY LAFAYETTE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) a. STATE MISSOURI b. COUNTY LAFAYETTE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA		c. LENGTH OF STAY (in this place) 21 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1202 GORDON ST 0			
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) HENRY		c. (Last) BALKE JR.	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 13, 1907	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE REPAIR MAN		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) 44		11. BIRTHPLACE (State or foreign country) COLE CAMP, MO	
13a. FATHER'S NAME WILLIAM H. BALKE		13b. MOTHER'S MAIDEN NAME MINNIE BUCKE		14. NAME OF HUSBAND OR WIFE MRS. IRENE BALKE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. A		17. INFORMANT'S SIGNATURE OR NAME MRS. WILLIAM H. BALKE		18. ADDRESS CONCORDIA, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis with myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis 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 10 months General	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1948, to July 18, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 11:35 P.M., from the causes and on the date stated above.							
23a. SIGNATURE H. Brady, M.D. (Degree or title)				23b. ADDRESS Concordia, Mo		23c. DATE SIGNED 7/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 21, 1951		24c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S CEMETERY		24d. LOCATION (City, town, or county) (State) CONCORDIA, MO	
DATE REC'D BY LOCAL REG. July 21-1951		REGISTRAR'S SIGNATURE Clayton H. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE E. S. Jann		ADDRESS Concordia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-24-51 _____

MAY 16 1952

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 me

working under my personal supervision.

Student Embalmer No.

Signed

E. S. James

Signed.....
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.