

FILED MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17085**

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5625		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, write RURAL and give township) Decaturville		c. LENGTH OF STAY (In this place) year		c. CITY (If outside corporate limits, write RURAL and give township) Decaturville		d. STREET ADDRESS (If rural, give location) Star Route	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Hazel Matthews Home				d. STREET ADDRESS (If rural, give location) Star Route			
3. NAME OF DECEASED (Type or Print)		a. (First) George		b. (Middle) Edwin		c. (Last) Balch	
4. DATE OF DEATH (Month) (Day) (Year) May-15-1952		5. SEX Male		6. COLOR OR RACE Wht		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH March 18-1867		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Red Salesman for Farm Hay Press		11. BIRTHPLACE (State or foreign country) Boston Mass	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME (?) Balch		13b. MOTHER'S MAIDEN NAME (?) Morris		14. NAME OF HUSBAND OR WIFE Ola Lou Atkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Ola Lou Balch - Decaturville		ADDRESS Decaturville	
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) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 15 yrs. 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4260				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) Lebanon, Mo.			
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 Sept. 1950 , to May 14, 1952 , that I last saw the deceased alive on May 14, 1952 , and that death occurred at 6:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE B B Hurst M.D.		(Degree or title)		23b. ADDRESS Lebanon, Mo.		23c. DATE SIGNED 5-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17-52		24c. NAME OF CEMETERY OR CREMATORY Lebanon City		24d. LOCATION (City, town, or county) (State) Lebanon Mo	
DATE REC'D BY LOCAL REG. 5-20-1952		REGISTRAR'S SIGNATURE hella L. Ray		25. FUNERAL DIRECTOR'S SIGNATURE Banksau-Woolery		ADDRESS Camdenton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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MAY 24 1952

Received

Laclede County Health Unit

File No.

5-52-60

Date Filed

MAY 27 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Abbi Banks Woolery

Licensed Embalmer No.

2488

P. O. Address

Camden, 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.