

U.S. No. 306 SEP 8 - 1952
REV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27074

BIRTH NO. _____		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 5057		Registrar's No. 70	
1. PLACE OF DEATH a. COUNTY Barry 0050				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Barry 0050			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, Rural, Kings Prairie Twp		c. LENGTH OF STAY (In this place) 20 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett, Rural, Kings Prairie Twp		d. STREET ADDRESS (If rural, give location) 3 miles Southeast of Monett	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles Southeast of Monett				d. STREET ADDRESS 3 miles Southeast of Monett			
3. NAME OF DECEASED (Type or Print) John Peter Balmas				4. DATE OF DEATH (Month) (Day) (Year) Aug 25 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 19 - 1875	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		11. BIRTHPLACE (City and State or Foreign Country) Turin, Italy		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Stephen Balmas		13b. MOTHER'S MAIDEN NAME Henrietta Long		14. NAME OF HUSBAND OR WIFE Mary Balmas			
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. Edward Leonard Liberty MD			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease				INTERVAL BETWEEN ONSET AND DEATH 2 Month			
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		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)		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 2-10-52, 19, to Aug 25-54, 19, that I last saw the deceased alive on 8-23-52, 19, and that death occurred at 10 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Frank Kern MD				23b. ADDRESS Monett Mo		23c. DATE SIGNED 8-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 30 - 1952		24c. NAME OF CEMETERY OR CREMATORY Waldensian		24d. LOCATION (City, town, or county) (State) South of Monett Mo	
DATE REC'D BY LOCAL REG. Sept. 3 - 1952		REGISTRAR'S SIGNATURE Oliver C. Vermung		25. FUNERAL DIRECTOR'S SIGNATURE Bennett - Vermington		ADDRESS Monett, Mo	

(Licensed Embalmers' 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.

Student
Student Embalmer

Signed _____

R. G. Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.