

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36400

State File No.

FILED OCT 20 1953

BIRTH NO.		REG. DIST. NO. <u>383</u>	PRIMARY REG. DIST. NO. <u>5655</u>	Registrar's No. <u>17</u>
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> <u>0051</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (In this place) <u>95 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>A.</u>	c. (Last) <u>Balmas</u>	4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>14,</u> (Year) <u>1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 19, 1886</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Piedmont, Italy</u> <u>5</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Daniel Davit</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Planchor</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none known</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>San. Records, Mo. State San., Mt. Vernon,</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma, primary in breast (left)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>abt. 5 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION, <u>170X</u>		20. AUTOPSY? YES <input checked="" 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 <u>7-10-</u> , 19 <u>53</u> , to <u>10-14-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10-13-</u> , 19 <u>53</u> , and that death occurred at <u>2:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>C. A. Buchanan M.D.</u> (Degree or title)		23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>10-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waldensian</u>	24d. LOCATION (City, town, or county) (State) <u>Monett, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-14-53</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. A. Buchanan Monett, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

300
0.48
50
2

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

J. D. Buchanan
Licensed Embalmer No. 3149

P. O. Address Monroeville, Pa.

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.