

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1954

REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 119

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

1. PLACE OF DEATH a. COUNTY rettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give town) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township): 0080 OR Cole Camp	
c. LENGTH OF STAY (in this place) 24 HOURS		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION bothwell Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Nicolaus		b. (Middle) --- c. (Last) balke	
4. DATE OF DEATH March 11th 1954		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH May 15th 1868		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm LABORER		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and State or Foreign Country) Cole Camp Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry D Balke		13b. MOTHER'S MAIDEN NAME Doris Ebeling	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Martin balke ADDRESS Cole Camp 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident ANTECEDENT CAUSES Morbidity 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 Arteriosclerotic Heart Disease Conditions contributing to the death but not related to the disease or condition causing death. Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331 X	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 10 March, 1954 , to 11 March, 1954 , that I last saw the deceased alive on 11 March, 1954 , and that death occurred at 6:40 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Donald C. Proctor (Degree or title) M.D.		23b. ADDRESS Sedalia, Mo.	
23c. DATE SIGNED 13 March 1954		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar 14, 1954		24c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial	
24d. LOCATION (City, town, or county) (State) Cole Camp Mo		25. FUNERAL DIRECTOR'S SIGNATURE St Ebelhoff ADDRESS Cole Camp Mo	
DATE REC'D BY LOCAL REG. 3/14-54		REGISTRAR'S SIGNATURE W. J. Campbell M.D.	

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

E L Bickhoff
780

Licensed Embalmer No. _____

P. O. Address _____ Cole Camp No. _____

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.