

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32983

State File No. ....

FILED NOV 9 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 4040 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cole Camp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cole Camp</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>F</u> c. (Last) <u>Balke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 1st 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct 31st 1870</u>		9. AGE (In years last birthday) <u>84</u>		10. YRS. UNDER 1 YEAR Days <u>1</u> Hours <u>1</u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mt Hulda Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Fred Kulman</u>		13b. MOTHER'S MAIDEN NAME <u>Barbetta Housefetter</u>		14. NAME OF HUSBAND OR WIFE <u>Theodore Balke</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Balke</u> ADDRESS <u>Cole Camp Mo</u>	
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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) <u>Pulmonary Congestion</u> DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured femur several yrs ago leaving her invalid</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1 yr.</u> <u>5 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4341</u>		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)	
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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?	
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22. I hereby certify that I attended the deceased from March 1, 1954, to Oct 31, 1954, that I last saw the deceased alive on Oct 31, 1954, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold E. Wacker, M.D.</u>		23b. ADDRESS <u>Cole Camp Mo</u>		23c. DATE SIGNED <u>11/2/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 4th 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Nov 9, 1954</u>		REGISTRAR'S SIGNATURE <u>E. L. Eidenhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Eidenhoff</u> ADDRESS <u>Cole Camp Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.