

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5409

State File No.

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Knox</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Knox</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY OR TOWN <u>Edina</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS (If rural, give location) <u>0520</u>			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>ROBERT</u>		b. (Middle) <u>S.</u>		c. (Last) <u>BALTHROPE</u>		(Month) (Day) (Year) <u>Feb 11, 1955</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>August 16, 1872</u>	
9. AGE (In years last birthday) <u>82</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Druggist</u>			
13a. FATHER'S NAME <u>George R. Balthrope</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth A. Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Lucy Balthrope</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lucy Balthrope</u> ADDRESS <u>Edina, Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition & Debilitation</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Due to (c) Pernicious Anemia</u>				10 yrs.	
		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				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)		22. I hereby certify that I attended the deceased from <u>7/11</u> , 19 <u>49</u> , to <u>2/11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/11</u> , 19 <u>55</u> , and that death occurred at <u>10:00P</u> m., from the causes and on the date stated above.	
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?		23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO</u>	
23b. ADDRESS <u>Edina, Mo.</u>		23c. DATE SIGNED <u>2/12/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			
24b. DATE <u>Feb 14, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linville cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Edina, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 19 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>					

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.....
Signature of Student Embalmer

Signed *Mrs J. W. Hudson*

Licensed Embalmer No. *297*

P. O. Address *Edina*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.