

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18081

State File No. _____

FILED JUN. 20 1955

Registrar's No. 184

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH
a. COUNTY COLE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY OSAGE

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERS ON CITY, MO c. LENGTH OF STAY (in this place) 3 Days

c. CITY OR TOWN Westphalia, Mo. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital e. STREET ADDRESS (If rural, give location) 0760

3. NAME OF DECEASED
a. (First) ANTON b. (Middle) BALKENBUSCH c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year)
JUNE 15, 1955

5. SEX MALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED

8. DATE OF BIRTH SEPT. 18, 1878 **9. AGE** (In years last birthday) 76 IF UNDER 1 YEAR Months 8 Days 26 IF UNDER 1 HRL. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRISON GUARD **10b. KIND OF BUSINESS OR INDUSTRY** _____

11. BIRTHPLACE (City and State or Foreign Country) WESTPHALIA, MO. E **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME WILLIAM BALKENBUSCH **13b. MOTHER'S MAIDEN NAME** MARGARET RICHARD **14. NAME OF HUSBAND OR WIFE** ANNA WILDE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____ **16. SOCIAL SECURITY NO.** _____

17. INFORMANT'S SIGNATURE OR NAME MRS. ANNA BALKENBUSCH **ADDRESS** WESTPHALIA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage **INTERVAL BETWEEN ONSET AND DEATH** Instant

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease 2 yrs.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Ca of Pontate 1 yr.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** 331 X H **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) (Min.) _____ **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 6-12, 1955, to 6-14, 1955, that I last saw the deceased alive on 6-13, 1955, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. B. Kleber M.D. **23b. ADDRESS** Jefferson City, Mo. **23c. DATE SIGNED** 6-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** 6/18/55 **24c. NAME OF CEMETERY OR CREMATORY** 68 ST. JOSEPH **24d. LOCATION** (City, town, or county) (State) WESTPHALIA, MO.

DATE REC'D BY LOCAL REG. June 18-1955 **REGISTRAR'S SIGNATURE** R. C. Dorris MD-MR **25. FUNERAL DIRECTOR'S SIGNATURE** L. J. ... **ADDRESS** J. C. MO.

No. 300
10-48

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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.....
Sylvester Dulle

Licensed Embalmer No. 43

P. O. Address *Jeffersonville*

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.