

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV. 9 1955

State File No.

BIRTH NO. 67485-53 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3057 Registrar's No. 7100

1. PLACE OF DEATH
a. COUNTY Perry

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville Mo.

c. CITY OR TOWN Perryville Mo.

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Perry Co. Memorial Hospital

e. STREET ADDRESS (If rural, give location) 02910

3. NAME OF DECEASED (Type or Print)
a. (First) Baby b. (Middle) c. (Last) Balsman

4. DATE OF DEATH (Month) (Day) (Year)
Oct 24 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Oct. 24 1955

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Perryville Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Walter Balsman

13b. MOTHER'S MAIDEN NAME Mary Bedwell

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Balsman Perryville 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) Congenital Malformation of Anencephalus
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of Anencephalus
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 750X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) m.

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 24, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James Bedwell

23b. ADDRESS Perryville Mo

23c. DATE SIGNED 24 Oct 55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct 24 1955

24c. NAME OF CEMETERY OR CREMATORY Applecreek Cemetery

24d. LOCATION (City, town, or county) (State) Applecreek Mo.

DATE REC'D BY LOCAL REG. 10-27-55

REGISTRAR'S SIGNATURE Joel Zollner 250

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo

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

This Body was not Embalmed

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 *Edward Young*.....

Licensed Embalmer No. *213*.....

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