

FILED MAR 8 1956

STANDARD CERTIFICATE OF DEATH

State File No. **4594**
Registrar's No. **753**

BIRTH NO. **5905-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) —a. STATE MO b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN Lincoln	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 00801	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH MEDICAL CENTER			

3. NAME OF DECEASED (Type or Print)	a. (First) David	b. (Middle) William	c. (Last) BALKE	4. DATE OF DEATH (Month) (Day) (Year) 2-19-56
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 2-17-1956	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Hours 2
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Windsor, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME David Balke	13b. MOTHER'S MAIDEN NAME Adelaine Heisterberg	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Rufus Balke	ADDRESS Lincoln, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days + 7625
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Atelectasis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION No operation	19b. MAJOR FINDINGS OF OPERATION /	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 **2/18/56** to **2/19/56** that I last saw the deceased alive on **2/19/56**, and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Sidney F. Pakula (Degree or title) 6	23b. ADDRESS 170 411 Nichols Rd	23c. DATE SIGNED 2/19/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-20-56	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) Lincoln, Mo.
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DATE REC'D BY LOCAL REG. 2-20-56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Reisen mortuary	ADDRESS Lincoln, Mo.
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.