

No. 300
10. 48

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38868**
Registrar's No. **123**

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Neosho</u>		c. CITY OR TOWN <u>Neosho</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		STREET ADDRESS (If rural, give location) <u>East Park St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Est. Park St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aurum</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Balch</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, MARRIED DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 12, 1905</u>
9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Government work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Fish Hatcheries</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cripplecreek Colo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>William A. Balch</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Hayton</u>	14. NAME OF HUSBAND OR WIFE <u>Elva Ruth Balch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elva Ruth Balch Neosho, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>4201</u>
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Dec 3, 1956</u> , to <u>Dec 3, 1956</u> , that I last saw the deceased alive on <u>Dec 3, 1956</u> , and that death occurred at <u>5:15a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>	23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>Dec 4-56</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-5-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-4-56</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home Neosho, Mo.</u>	

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

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RECEIVED

District Health Officer No. *Newton*
District File Number *1256-210*
Date Filed *DEC 7 - 1956*

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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 *Rebecca Thomhill*

Licensed Embalmer No. *3590*
P. O. Address *Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.