

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008442

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 337

300
-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		Length of stay in lb 16 yrs.	d. STREET ADDRESS (If outside, give location) 320 So. 15th Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PAUL Middle JOHN Last BALTAS			4. DATE OF DEATH Month April , Day 2 , Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March, 10, 1892	9. AGE (In years last birthday) 67 yrs.	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance man (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Hirsch Bros.	11. BIRTHPLACE (City and state or country) Athens, Greece	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Nicholas J. Baltas		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Mamie Baltas, (deceased)		
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. 313-01-7200	17. INFORMANT William J. Baltas, St. Joseph, Mo. Address 320 So. 15th St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerosis, generalized DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4:51				INTERVAL BETWEEN ONSET AND DEATH 1 hr. 15 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from _____ 4/2/59 to _____ 4/2/59 and last saw him alive on _____ 1958 Death occurred at _____ 2:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John A. Cooper M.D.		(Degree or title)	22b. ADDRESS 420 N. 8th St. St. Joseph, Mo.		22c. DATE SIGNED 4/2/59
23a. BURIAL CREMATION REMOVED (Specify) Burial	23b. DATE April, 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
24. FUNERAL DIRECTOR Haney Funeral Home (B.A.S.)		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 3 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Gardell

MEDICAL CERTIFICATION

Dr. John Forgrave USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

APR 14 1955

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, 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.