

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020703

Health,
& Welfare
Public
Service

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Melvin Langhus
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 8 1959		Registration District No. 393	Primary Registration District No. 1002	STATE FILE NUMBER 2913	Registrar's No.
1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO		b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3432 N. Belle Fontaine 38 yrs		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3432 N. Belle Fontaine	
3. NAME OF DECEASED (Type or print) First Ellen Middle Last Balkey			4. DATE OF DEATH Month June Day 15 Year 1959		
5. SEX Female	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 Sept 30 1875	9. AGE (In years at birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lancaster, Pa.	
13a. FATHER'S NAME Johnas Zug		13b. MOTHER'S MAIDEN NAME Anna Workman		14. NAME OF HUSBAND OR WIFE Elmer W. Balkey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Harley Balkey Address 3432 N. Bellefontaine	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hemera DUE TO (b) cerebral hemorrhages 4 in post 5 yr. DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X				INTERVAL BETWEEN ONSET AND DEATH 5 days	
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. Month, Day, Year					
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 COUNTY STATE	
21. I attended the deceased from 1938 6-15 1959 and last saw her alive on 5-14-59 Death occurred at HAM 6-15-59 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Melvin Langhus M.D. (Degree or title)			22b. ADDRESS no longer at no		22c. DATE SIGNED 6-15-59
23a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial		23b. DATE 6-17-59		23c. NAME OF CEMETERY OR CREMATORY Monroe Cemetery	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons N.K.C. ADDRESS		25. DATE RECD. BY LOCAL REG. 6-16-59		26. REGISTRAR'S SIGNATURE Neve Marshall	

Dr. Langfus

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 *John V. Henrich, Jr.*
Licensed Embalmer No. *11848*
P. O. Address *S. C. 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.