

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

225

-61-031749
STATE FILE NUMBER

FILED OCT 11 1961

1. PLACE OF DEATH

a. COUNTY

Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Mexico

Length of stay in 1b

40 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Audrain Co. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Audrain

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Vandalia

d. STREET ADDRESS

(If outside, give location)

214 N. Forest

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Ruth

Emily

Balmer

4. DATE OF DEATH

Month

Day

Year

September 28, 1961

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/19/1922

9. AGE (last birthday)

39

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

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)

Linn, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Harrison Baker

13b. MOTHER'S MAIDEN NAME

Ida Tyree

14. NAME OF HUSBAND OR WIFE

Russell Balmer

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.

488-14-5521

17. INFORMANT

Address

Russell Balmer, Vandalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

INANITION AND DEBILITATION

INTERVAL BETWEEN ONSET AND DEATH

6 WKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CARCINOMATOSIS

2 YRS

DUE TO (c)

PRIMARY CARCINOMA OF UTERUS

NOT KNOWN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

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 ☐ NOT WHILE AT WORK ☐

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 11-3-58 to 9-28-61 and last saw her alive on 9-28-61
Death occurred at 7:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William W. Jones D.O.

22b. ADDRESS

Ladonia Mo

22c. DATE SIGNED

10-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/30/61

23c. NAME OF CEMETERY OR CREMATORY

Gasconade Cemetery

23d. LOCATION (City, town, or county)

Gasconade, Mo.

(State)

FURNERAL DIRECTOR

ADDRESS

William B. Waters Vandalia Mo

25. DATE RECD. BY LOCAL REG.

10-2-1961

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Dundalk, Md.

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.