

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-045445

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 101

FILED JAN 4 1962

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>La Belle</u>		c. CITY OR TOWN <u>La Belle</u>	
Length of stay in 1b <u>Life</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes ☐ No ☐		Reside on Farm Yes ☒ No ☐	

3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Walker</u> Last <u>Baltzelle</u>			4. DATE OF DEATH Month <u>December</u> Day <u>21</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>2/16/1890</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>La-Belle, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Albert Baltzelle</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Walker</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Levensgood</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes war I</u>		16. SOCIAL SECURITY NO. <u>486-14-5011</u>	
17. INFORMANT <u>Mrs Walter Baltzelle</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>atherosclerosis</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u> </u>	

19. 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 <u> </u> a.m. <u> </u> p.m. <u> </u>		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 <u>May 1955</u> to <u>12/21/61</u> and last saw him alive on <u>Dec 15, 1961</u> Death occurred at <u>7:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Waldo B. Seaton</u>		22b. ADDRESS <u>Amox City Mo</u>		22c. DATE SIGNED <u>12/23/61</u>	

23a. BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>		23b. DATE <u>12/23/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lewistown Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Lewistown, Missouri</u>		24. FUNERAL DIRECTOR <u>W. C. Seaton Jr.</u>		25. DATE RECD. BY LOCAL REG. <u>12-26-61</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>		27. (Licensed Embalmer's Statement on Reverse Side)			

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 4 1962

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 myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Blader Jr.

Licensed Embalmer No.

4328

P. O. Address

Labelle, W.

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.