

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-002564

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5673 Registrar's No. 15

AMENDED

FILED FEB 6 1962

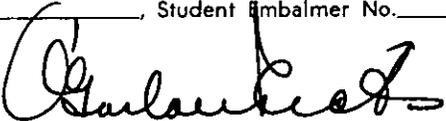
DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

| | | | | | |
|--|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Lincoln | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe township | | Length of stay in 1b life | c. CITY OR TOWN RFD Old Monroe, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3 miles west of Old Monroe | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JOSEPH Middle BALS Last BALS | | | 4. DATE OF DEATH Month January Day 24 Year 1962 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-13-81 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer - retired | | 10b. KIND OF BUSINESS OR INDUSTRY own farm | 11. BIRTHPLACE (City and state or country) Old Monroe, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME George Bals | | 13b. MOTHER'S MAIDEN NAME Mary ? | | 14. NAME OF HUSBAND OR WIFE Catherine (nee Burkemper) | |
| 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. none | | 17. INFORMANT Hilary Bals Address Old Monroe, 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) Solar pneumonia left lung | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sarcoid - Parkinson disease - Arteriosclerosis - Bedrest post 3 years | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 Sept 1960 , to Jan 27, 1962 and last saw her/him alive on Jan 23, 1962 Death occurred at 12:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Harold G. Waugold D.O. | | | 22b. ADDRESS O'Fallon Mo | | 22c. DATE SIGNED 1-27-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 1-27-62 | 23c. NAME OF CEMETERY Immaculate Conception | | 23d. LOCATION (City, town, or county) (State) Old Monroe, Mo. |
| 24. FUNERAL DIRECTOR O'Garlan Ricks | | ADDRESS Elsberry, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-27-1962 | 26. REGISTRAR'S SIGNATURE Charlotte Leek |

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 

Licensed Embalmer No. 4012

P. O. Address Edsberry, 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.