

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-002736

STATE FILE NUMBER

AMENDED

Registration District No. 250 JAN 31 1962

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton</u>		c. CITY OR TOWN <u>Princeton</u>	
Length of stay in 1b <u>51 yrs</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>402 College Ave.</u>		d. STREET ADDRESS (If outside, give location) <u>402 College Ave.</u>	
Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Moody</u> Middle <u>C.</u> Last <u>Balman</u>		4. DATE OF DEATH Month <u>I</u> Day <u>19</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>5/4/1886</u>
9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>15</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 <u>Grain & Stock</u>	
11. BIRTHPLACE (City and state or country) <u>Chula - Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Balman</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Kilburn</u>	
14. NAME OF HUSBAND OR WIFE <u>Etta Balman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>	
16. SOCIAL SECURITY NO. <u>492-38-2973</u>		17. INFORMANT Address <u>Mrs. Etta Balman-Princeton-Missouri</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 Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>Unknown</u> <u>Unknown</u>	
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 ☐ Unknown	
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>	Month, Day, Year <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>never attended him before</u> and last saw him alive on <u>9 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>9 a.m.</u>			
22a. SIGNATURE <u>William J. Ruffin MD</u> (Degree or title)		22b. ADDRESS <u>Univ. of Missouri Med Center</u>	
22c. DATE SIGNED <u>1-21-62</u>		23. LOCATION (City, town, or county) (State) <u>Mercer County - Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. / 21 / 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>	
24. FUNERAL DIRECTOR <u>Martin & Azbell-Princeton-Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>1-21-62</u>	
26. REGISTRAR'S SIGNATURE <u>Shelley</u>		27. DATE <u>1-21-62</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 28 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lyman Ogden

Licensed Embalmer No. 5020

P. O. Address Princeton-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.