

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043254  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. \_\_\_\_\_ Registrar's No. 46

**FILED DEC 11 1962**

1. PLACE OF DEATH  
a. COUNTY **Knox**  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Edina** Length of stay in 1b **2 mo**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Gibson Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo** b. COUNTY **Knox**  
c. CITY OR TOWN **Edina** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last **JOHN TRUMAN BALFOUR** 4. DATE OF DEATH Month Day Year **Dec 5, 1962**

5. SEX **M** 6. COLOR OR RACE **W** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **1 May 1886** 9. AGE (last birthday) **76** 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) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) **Mountain Home, Ark** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Jesse Henley Balfour** 13b. MOTHER'S MAIDEN NAME **Nancy Pettijohn** 14. NAME OF HUSBAND OR WIFE **Nannie M. Balfour**

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. \_\_\_\_\_ 17. INFORMANT **88 Mrs. Steve McPherson** Address **Edina, Mo**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **decompensated Cor Pulmonale**  
DUE TO (b) **Multiple Pulmonary Infarcts, old & new**  
DUE TO (c) **Phlebotrombosis caused by prolonged recumbency**  
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 Month, Day, Year a.m. p.m. \_\_\_\_\_

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 **1955** to **Dec 5, 1962** and last saw him alive on **Dec. 5, 1962**  
Death occurred at **10:30** P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Deemichis D.O.** 22b. ADDRESS **Edina, Mo.** 22c. DATE SIGNED **12/7/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **8 Dec 1962** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Horeb** 23d. LOCATION (City, town, or county) (State) **Golden Ill**

24. FUNERAL DIRECTOR **HUDSON-RIMER FUNERAL HOMES** ADDRESS **Edina, Mo** 25. DATE RECD. BY LOCAL REG. **12-7-62** 26. REGISTRAR'S SIGNATURE **Will S. H. ...**

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

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by~~,

or by Jerry Davis, Student Embalmer No. 666

working under my personal supervision.

Student Jerry L. Davis  
Signature of Student Embalmer

Signed ALR

Licensed Embalmer No. 5041

P. O. Address Edina, 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.