

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029089

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 179 Primary Registration District No. 5673 Registrar's No. 116

STATE FILE NUMBER

FILED AUG 6 1963

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) TOWN Monroe Township		c. CITY OR TOWN Old Monroe, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 3 miles west of Old Monroe	
3. NAME OF DECEASED (Type or print) WILLIAM ALPHONSE BALS		4. DATE OF DEATH July 22, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 4-5-86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY self-employed	
11a. FATHER'S NAME George Bals		11b. MOTHER'S MAIDEN NAME Mary Blumberg	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		12b. SOCIAL SECURITY NO. 489-42-3683	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Coronary Heart Disease DUE TO (b) Coronary Heart Disease DUE TO (c) Coronary Heart Disease		13b. NAME OF HUSBAND OR WIFE Theresa Eggering	
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 ☐ 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 Feb 7 1959 to July 22 1963 and last saw him alive on May 15 1963 Death occurred at 12:10 A on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE H. I. Kelley (Degree or title) D.O.	
22b. ADDRESS Troy Mo.		22c. DATE SIGNED 7-27-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-28-63	23c. NAME OF CEMETERY Immaculate Conception	23d. LOCATION (City, town, or county) Old Monroe, Missouri
24. FUNERAL DIRECTOR Ricks Funeral Home		25. DATE RECD. BY LOCAL REG. 7-31-1963	26. REGISTRAR'S SIGNATURE Charlotte Leek

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Elmhurst, 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.