

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42748

State File No.

FILED DEC 23 1953

5678

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 7a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>412 East Green St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> <u>Harold</u> b. (Middle) <u>Lawrence</u> c. (Last) <u>Balke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-3-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>12-14-1896</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			

13a. FATHER'S NAME <u>William Balke</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Mc Auliffe</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
--------------------------------------------	----------------------------------------------------------	------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>W. W. I</u>	16. SOCIAL SECURITY NO. <u>46-07-3360</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carmon Goss</u>	ADDRESS <u>Clinton, Mo.</u>
-------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------	--------------------------------------------------------------	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture Ascending Aortic Aneurysm</u>		<u>5 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aneurysm of ascend Aorta; aortic insufficiency and congestive Ht Failure</u> DUE TO (c) <u>Syphilis</u>		<u>7 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>30 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 12, 1952, to Dec. 3, 1953, that I last saw the deceased alive on Nov. 15, 1953, and that death occurred at 9:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond W O'Brien M.D.</u> (Degree or title)	23b. ADDRESS <u>231 W 47 Kans City, Mo</u>	23c. DATE SIGNED <u>Dec. 3, '53</u>
----------------------------------------------------------------	--------------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
DATE REC'D BY LOCAL REG. <u>12-3-53</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u> ADDRESS <u>Clinton Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 28 1959
DEC 28 1959
JAN 12 1960

1100 ft

DEC 23 1959

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
Student Embalmer

Signed *Robert J. Summing*

Licensed Embalmer No. *4710*

P. O. Address. *Clinton 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 this body is not embalmed, fact should be so stated above.