

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>412 East Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
3. NAME OF DECEASED (Type or Print) <u>Josephine</u>		d. STREET ADDRESS (If rural, give location) <u>412 East Green St</u>	
a. (First)		b. (Middle)	
c. (Last) <u>Balke</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>11-1-1867</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Patrick M. Anlipe</u>		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE <u>Wm Balke</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>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Cameron Ross</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3.5 HR.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	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)	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 _____, 1952, to <u>12 MAR.</u> , 1954, that I last saw the deceased alive on <u>12 MAR.</u> , 1954, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Nugh B Walker, MD</u>		23b. ADDRESS <u>Clinton, Mo</u>	
23c. DATE SIGNED <u>15 MAR. 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-15-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Conglwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
DATE REC'D BY LOCAL REG. <u>Mar-15-54</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. GENERAL DIRECTOR'S SIGNATURE. ADDRESS <u>Clinton Mo</u>	

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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.

Signed

*Robert L. Danner*

Licensed Embalmer No. *4710*

P. O. Address *Clinton, Mo.*

Student .....

Student Embalmer

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.