

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041752

FILED VS NOV 28 1960

137

3623

294

STATE FILE NUMBER

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

DED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Henry</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Clinton</i>		Length of stay in lb <i>50 yrs</i>		c. CITY OR TOWN <i>Clinton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Clinton</i>		c. FULL NAME OF (IF NOT in hospital, give location) <i>220 S Second St</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>320 S Second St</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>John W BALKE</i>		4. DATE OF DEATH Month Day Year <i>Nov 22 1960</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>4-11-1878</i>		9. AGE (last birthday) <i>82</i>		IF UNDER 1 YEAR Months Days <i>7 11</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad Eng.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>		11. BIRTHPLACE (City and state or country) <i>Upper Merion Penn.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Henry Balke</i>		13b. MOTHER'S MAIDEN NAME <i>Augusta Angle</i>		14. NAME OF HUSBAND OR WIFE <i>Minna Lee Balke</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>?</i>		17. INFORMANT <i>Mrs John Balke Clinton Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Congestive heart failure</i>							
DUE TO (b) <i>Pulmonary emphysema</i>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Parkinson's disease</i>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>Nov. 18, 1960</i> to <i>Nov. 22, 1960</i> and last saw <sup>her</sup> him alive on <i>Nov. 22, 1960</i> Death occurred at <i>10:10 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>R. E. Harbaugh, D.O.</i>				22b. ADDRESS <i>Clinton, Mo.</i>		22c. DATE SIGNED <i>11-23-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11/25/60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Englewood</i>		23d. LOCATION (City, town, or county) (State) <i>Clinton Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>F. L. Schaben Clinton Mo</i>			25. DATE RECD. BY LOCAL REG. <i>Nov 25-1960</i>		26. REGISTRAR'S SIGNATURE <i>Kieldred Begum</i>		

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  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. L. Schabert

Licensed Embalmer No. 451

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
 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.