

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 217

67-0030585
STATE FILL NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 5 1967	
1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 220 So. 2nd St. Her Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry c. CITY OR TOWN Clinton (If outside, give location) d. STREET ADDRESS 220 So. 2nd st. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Minna Lee Balke	
4. DATE OF DEATH Month Day Year Aug. 27, 1967	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/24/1883
9. AGE (last birthday) 84 IF UNDER 1 YEAR Months 1 Days 3 IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper	
10b. KIND OF BUSINESS OR INDUSTRY Urbana, Mo.	
11. BIRTHPLACE (City and state or country) USA	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Tompkins	
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Rush	
14. NAME OF HUSBAND OR WIFE John P. Balke Address 4715 Blue Cut-Off, Kansas City, Mo 64122	
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. Unknown	
17. INFORMANT John P. Balke	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Gastroenteritis & electrolyte imbalance DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis	
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 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 10-17-59 to 8-27-67 and last saw her alive on 8-27-67 Death occurred at 12:00 noon m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) W. W. Bradshaw, M.D.	
22b. ADDRESS Clinton Mo.	
22c. DATE SIGNED 8-28-67 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Aug. 29, 1967	
23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	
23d. LOCATION (City, town, or county) Clinton, Missouri	
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo. ADDRESS	
25. DATE RECD. BY LOCAL REG. Aug. 29, 67	
26. REGISTRAR'S SIGNATURE Mildred Bigum	

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 25 1968

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 W.A. Vansant

Licensed Embalmer No. 3779

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit obtained 8-29-67 (M.B.)