No. 200
10.48

FILED DEC 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42744

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 116

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1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle 056 U
d. STREET ADDRESS (If rural, give location): U

3. NAME OF DECEASED (Type or Print)
a. (First): Silas
b. (Middle): Albert
c. (Last): Baltzell

4. DATE OF DEATH (Month) (Day) (Year): December 20, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 30 1869
9. AGE (In years last birthday): 83 — If under 1 year: Months / Days: 20 — If under 1 day: Hours / Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): La Belle, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George A. Baltzell
13b. MOTHER'S MAIDEN NAME: Mary Ann Walker
14. NAME OF HUSBAND OR WIFE: Emma Baltzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----- (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: -------
17. INFORMANT'S SIGNATURE OR NAME: Emma Baltzell — **ADDRESS**: La Belle, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration (acute) INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Myocarditis (Chronic) — 6 yrs.
DUE TO (c) Brights disease & Coronary insufficiency — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 July, 1952, *to* 20 Dec, 1952, *that I last saw the deceased alive on* 1 Dec, 1952, *and that death occurred at* 4:25 p.m., *from the causes and on the date stated above.* (D.O.A.)

23a. SIGNATURE: John W Wills (Degree or title): D.O.
23b. ADDRESS: Lewistown Mo
23c. DATE SIGNED: 24 Dec 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/22/52
24c. NAME OF CEMETERY OR CREMATORY: Deer Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Deer Ridge, Missouri

DATE REC'D BY LOCAL REG.: 12-24-52
REGISTRAR'S SIGNATURE: P.W. Jennings M.D. 161-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. Coder — **ADDRESS**: LaBelle, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 myself

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. A. Cole Jr.

Licensed Embalmer No. 4328

P. O. Address LaBelle, 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.