

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1292

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 27 yrs.

c. CITY OR TOWN Kansas City
Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Hazelwood N.H. 3231 project
STREET ADDRESS (If rural, give location) 3231 project 3560

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Alice c. (Last) BALTZELL
4. DATE OF DEATH (Month) (Day) (Year) March 21-55

5. SEX female
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH Aug 14-1867
9. AGE (In years last birthday) 87
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Jersey Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Brown

13b. MOTHER'S MAIDEN NAME Elizabeth Harmon

14. NAME OF HUSBAND OR WIFE John S. Baltzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nene Thom 5342 Park K. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Heart~~ PERIPHERAL THROMBOSIS
INTERVAL BETWEEN ONSET AND DEATH 2 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) —
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION 332 yrs.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0
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) 0
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 1954, 19 to 3-21, 1955, that I last saw the deceased alive on 3-21, 1955, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE P. C. Quistgard (Degree or title) D
23b. ADDRESS 6744 Project K. C. Mo.
23c. DATE SIGNED 3-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 3-24-55
24c. NAME OF CEMETERY OR CREMATORY High Point
24d. LOCATION (City, town, or county) (State) Highersville, Mo.

DATE REC'D BY LOCAL REG. 3-23-55
REGISTRAR'S SIGNATURE Nene Marshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Reppert Funeral Home Buckner Mo. Co. Sidman's

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Guy A. Shelton*

Licensed Embalmer No. 478

P. O. Address *K.C., 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.