Health, Welfare Public Service

300-3
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002493
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Randolph	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Moberly — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Moberly — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D. O. A. at Wabash — Length of stay in lb 46 Yrs.	d. STREET ADDRESS (If outside, give location) 139 Bedford St. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Hospital Middle VIRGIL EDGAR Last BALTHROPE

4. DATE OF DEATH: Month JAN. Day 8 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: May 31, 1891

9. AGE (In years last birthday): 67 — 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): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Wabash Railroad

11. BIRTHPLACE (City and state or country): San Francisco, Calif.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Sydney Balthrope

13b. MOTHER'S MAIDEN NAME: Martha Fuqua

14. NAME OF HUSBAND OR WIFE: Lottie Balthrope

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

16. SOCIAL SECURITY NO.: 702-05-5743

17. INFORMANT: Mrs. V. E. Balthrope Address: Moberly

MEDICAL CERTIFICATION

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) Death apparently due to natural causes - because unconscious while at work in Wabash shops - never regained consciousness - pronounced dead on arrival at Hospital

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 7952

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 _____, to _____ and last saw her/him alive on _____ Death occurred at Apr. 9:00 a. on Jan 8-1959 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leah M Lowe, Registrar

22b. ADDRESS: Court House Moberly Mo

22c. DATE SIGNED: 1-8-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 10, 1959

23c. NAME OF CEMETERY OR CREMATORY: Mount Olivette

23d. LOCATION (City, town, or county) (State): Hannibal Missouri

24. FUNERAL DIRECTOR: Mahan Funeral Service ADDRESS: Moberly

25. DATE RECD. BY LOCAL REG.: 1-8-59

26. REGISTRAR'S SIGNATURE: Leah M Lowe

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 20 1959

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 John A. Gnell

Licensed Embalmer No. 3815

P. O. Address Moberly, 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.