

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

663-044778

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 90

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 11 1963

VS 300
Rev. 4/59

1 0710

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY MORGAN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri COUNTY MORGAN (Mission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VERSAILLES		Length of stay in lb 15 yrs	c. CITY OR TOWN VERSAILLES Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 425 Missouri Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Sally E. Baltzley			4. DATE OF DEATH Month DEC Day 6 Year 1963
5. SEX FEMALE	6. COLOR OR RACE CAU	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5 MAR 93 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 70
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE HARRY E Baltzley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Helen Whiteside - Springfield Mo
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			2 yrs.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 Sept 1962 to Dec 1963 and last saw her alive on Dec 2 1963 Death occurred at 545 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack Gunn MD		22b. ADDRESS Versailles Mo.	22c. DATE SIGNED 12-6-63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-6-63	23c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK Cem.	23d. LOCATION (City, town, or county) (State) Kansas City - Kansas
24. FUNERAL DIRECTOR WARNICK-EADS		25. DATE RECD. BY LOCAL REG. 12-6-63	26. REGISTRAR'S SIGNATURE J L Washburn

Used Embalmer's Statement on Reverse Side)

DEC 20 1963

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 Jane L. Barton

Licensed Embalmer No. 4021

P. O. Address Wesley, 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.