

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>415</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTRY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>400</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. METHODIST HOSP.</u>	
a. STATE <u>MO</u>		b. COUNTY <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		d. STREET ADDRESS (If rural, give location) <u>0251</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>ALBERT</u>	b. (Middle) <u>Lewis</u>	c. (Last) <u>BALLINGER</u>	(Month) <u>MARCH</u>	(Day) <u>31</u>	(Year) <u>1954</u>	Male	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>8-18-1883</u>		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mpg. firm</u>		11. BIRTHPLACE (State or foreign country) <u>Cameron, Mo.</u>		9. AGE (In years last birthday) <u>70</u>	
13a. FATHER'S NAME <u>Marcus M. Ballinger</u>		13b. MOTHER'S MAIDEN NAME <u>Namah P. Frost</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-20-1303</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Ballinger</u>		ADDRESS <u>Cameron, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH(a) <u>Thrombosis, cerebral</u>				5 da	
		ANTECEDENT CAUSES				unknown	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, cerebral</u> DUE TO (c) <u>Hypertension</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart Disease, hypertensive</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/27</u> , 19 <u>54</u> , to <u>3-31</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/31</u> , 19 <u>54</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Allen S. Serman M.D.</u>				23b. ADDRESS <u>706 Francis, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>4/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-2-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Delano Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 22, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Demoss Creek</u>			
				ADDRESS <u>Cameron, Mo</u>			

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See the next (page)

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
Student Embalmer

Signed Harold S. Walker

Licensed Embalmer No. 4588

P. O. Address Fairfax, 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.