

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH31297  
State File No. ....

BIRTH NO. ....		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 293	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>212 East Pettis</u>				d. STREET ADDRESS (If rural, give location) <u>212 East Pettis</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Ballance</u> c. (Last) <u>Ballance</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>27</u> <u>1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 7, 1882</u>	
9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u>		11. BIRTHPLACE (State or foreign country) <u>Cooper Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Ballance</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Ballance</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Ballance, Syracuse, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular</u> DUE TO (c) <u>renal involvement</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>24 hrs</u> <u>332X</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		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>8-22-1949</u> , to <u>8-27-1949</u> that I last saw the deceased alive on <u>8-27-1949</u> and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Campbell, M.D.</u>				23b. ADDRESS <u>Sedalia Mo.</u>		23c. DATE SIGNED <u>8-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 30, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bunceton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bunceton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-27-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. E. Richards</u>		ADDRESS <u>Lipton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 6  
District Health Officer No. 1  
District File Number  
Date Filed 9-22-49

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

Licensed Embalmer No.

P. O. Address

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.