

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1726

0612  
4

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 4

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Macon</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Macon</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Rural</u>                                |  |
| c. LENGTH OF STAY (in this place) <u>3 Weeks</u>  |  | d. STREET ADDRESS (If rural, give location) _____  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake View Rest Home</u>                        |  |  |  |

|  |  |   |
|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Ben J. BALLENGER</u> | a. (First) <u>Ben</u> b. (Middle) <u>J.</u> c. (Last) <u>BALLENGER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-50</u> |
|--|--|---|

|                    |                               |   |                                 |   |   |   |
|--------------------|-------------------------------|---|---------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>3-11-78</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 18 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|---------------------------------|---|---|---|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Callao Mo Rural</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|---|--|---|

|  |  |                                   |
|--|--|-----------------------------------|
| 13a. FATHER'S NAME <u>John BALLENGER</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary G. Brown</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|--|--|-----------------------------------|

|   |                               |  |
|---|-------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Sam BALLENGER</u> ADDRESS <u>Excelsior Mo</u> |
|---|-------------------------------|--|

|   |   |      |  |
|---|---|------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Bronchial Pneumonia</u>  |      | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Weak Vitality</u> |      | ✓  |
|   | DUE TO (c) <u>Asterosclerosis</u>   |      |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Blindness</u><br><u>Senile Dementia</u>  |   | 4570 |  |

|                              |  |  |
|------------------------------|--|--|
| 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) _____ | 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 12/8/49, 1949, to 1-1-, 1950, that I last saw the deceased alive on 1-1, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

|  |                           |                                |
|--|---------------------------|--------------------------------|
| 23a. SIGNATURE <u>O. L. Wushu D.O.</u> (Degree or title) | 23b. ADDRESS <u>Macon</u> | 23c. DATE SIGNED <u>1/6/50</u> |
|--|---------------------------|--------------------------------|

|   |                         |  |  |
|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-3-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Southside Home Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u> |
|---|-------------------------|--|--|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>1-7-50</u> | REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Edwards</u> ADDRESS <u>Berwin Mo</u> |
|--|---|--|

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

RECEIVED 2/1/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2/50/20  
Date Filed 2/4/50

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 *H. G. Edwards* \_\_\_\_\_

Licensed Embalmer No. 1961 \_\_\_\_\_

P. O. Address *Bevier 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.