

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29737

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>5</u>		PRIMARY REG. DIST. NO. <u>4108</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stockton</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stockton</u>		<u>0200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Ballenger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 15, 1866</u>		9. AGE (In years last birthday) <u>83</u> If UNDER 1 YEAR: Months <u>9</u> Days <u>6</u> If UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William Ballenger</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 ADDRESS <u>Mrs. Raymond Fop, Stockton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of the lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>blood clot in lung</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>521X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Aug. 1</u> , 19 <u>50</u> to <u>Aug. 21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug. 21, 1950</u> , and that death occurred at <u>6:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Name or Title) <u>D. O. [Signature]</u>		23b. ADDRESS <u>Stockton, Mo.</u>		23c. DATE SIGNED <u>8-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-23-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City</u>		24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-12-50</u>		REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlan</u>		ADDRESS <u>Stockton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED SEP 16 1950

Dist. File 950-1960

Date Filed 9-23-50

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.