

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1951

State File No. **22074**

BIRTH NO. 27210-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 721

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	0117
d. FULL NAME OF HOSPITAL OR INSTITUTION 5519 So. 4th Street		d. STREET ADDRESS (If rural, give location) 5519 So. 4th Street	

3. NAME OF DECEASED (Type or Print) WILLIAM	a. (First)	b. (Middle) EDMOND	c. (Last) BALLY	4. DATE OF DEATH July 9, 1951	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 29, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 1	IF UNDER 1 YEAR Hours 10	IF UNDER 1 MIN. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Norman Bally		13b. MOTHER'S MAIDEN NAME Ann Musser		14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Norman Bally		ADDRESS 5519 S. 4th St.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation and Smothering		INTERVAL BETWEEN ONSET AND DEATH 1 day.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Baby smothered by sliding off its chest covered pillow head first into the end of the baby buggy bed, causing suffocation.		89240 18
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION baby buggy bed, causing suffocation.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP St. Joseph	21d. COUNTY Buchanan
21e. STATE Mo	21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21g. HOW DID INJURY OCCUR Slid head first off into bed.	

22. I hereby certify that I attended the deceased **born 7/9, 1951**, to **10:30 a.m.**, 19**51**, that I last saw the deceased alive on **7/9, 1951**, and that death occurred **at 10:30 a.m.**, from the causes and on the date stated above.

23. SIGNATURE H. F. Mundy M.D. (Coroner)	(Degree or title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 7/9/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 10, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. July 10, 1951	REGISTRAR'S SIGNATURE Carl C. Cady	25. GENERAL DIRECTOR'S SIGNATURE Carl C. Cady	ADDRESS 120 Illinois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....
Evan A Clark

Licensed Embalmer No. *4738*

P. O. Address *St Joseph 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.