

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22931**
3172

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>15 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY 3138</u>		d. STREET ADDRESS (If rural, give location) <u>910 CHARLOTTE STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medora Hospital Medical Center</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>JANE</u> c. (Last) <u>Ballen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 20 - 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>3-22-68</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
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 <u>- -</u>		11. BIRTHPLACE (State or foreign country) <u>CRISP - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>CALE BALDWIN</u>		13b. MOTHER'S MAIDEN NAME <u>LETTIE CRISP</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM SAMUEL BALLEW</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>CARL JOSEPH FEENEY</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>Acute Regurgitation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lues</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left femur (thoracapsular)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs.</u> <u>2 1/2 yrs.</u> <u>1 month</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 18 51 3:00 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>slipped off bed & struck</u>			
22. I hereby certify that I attended the deceased from <u>June 1943</u> to <u>July 19 51</u> , that I last saw the deceased alive on <u>July 4, 1951</u> , and that death occurred at <u>6:00 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl M. Kohr MD</u> (Degree or title)				23b. ADDRESS <u>630 Professional Bldg.</u>		23c. DATE SIGNED <u>7/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JULY 25 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-25-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.H. Newcomer Sons</u> 1331 Brush Creek Kansas City, Mo.			

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.

Student Embalmer No.

Signed Bernard L. Horan

Signed
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address W.C.M.O.

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.