

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19918**

FILED JUN 16 1952

REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **56**

272
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Glasgow	
c. LENGTH OF STAY (in this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Terrence c. (Last) Ballentine			4. DATE OF DEATH June 3, 1952 (Month) (Day) (Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3, 1891
9. AGE (in years last birthday) 61		10. IF UNDER 1 YEAR: Months 6 Days 1 IF UNDER 2 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carryman		10b. KIND OF BUSINESS OR INDUSTRY Own Dairy	
11. BIRTHPLACE (City and State or Foreign Country) Glasgow Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Ballentine		13b. MOTHER'S M maiden NAME Sarah Pettipiece	
14. NAME OF HUSBAND OR WIFE Helen Warrington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NUMBER 10-10-10	
17. INFORMANT'S SIGNATURE OR NAME Helen Ballentine		ADDRESS Glasgow Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction			
INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
2. ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) coronary occlusion			
DUE TO (c) probable atherosclerosis			
3. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis, acute			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 27 May, 1952 , to 3 June, 1952 , that I last saw the deceased alive on 3 June, 1952 , and that death occurred at 3:45 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Wg. Paine (Degree or title) M.D.		23b. ADDRESS Boonville, Mo.	
23c. DATE SIGNED 6/13/52			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE June 6, 1952	
24c. NAME OF CEMETERY OR CREMATORY Washington		24d. LOCATION (City, town, or county) (State) Glasgow Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6-13-52 REG. Cooper		HEALTH DEPARTMENT DIRECTOR'S SIGNATURE Rudley-Friemuth ADDRESS Glasgow Mo.	

1903 JUN 14 1903

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 *E. L. Linnemuth*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow 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.