

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHBy *Shaffer* 26867
State File No.

JUL 22 1952

BIRTH NO.

REG. DIST. NO. 336

PRIMARY REG. DIST. NO. 6137

Registrar's No. 27194

1. PLACE OF DEATH a. COUNTY <u>Shannon</u> <u>1010</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winona, Mo</u> <u>Twp</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winona, Missouri</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) <u>Glen</u>		a. (First) <u>Lee</u>		c. (Last) <u>Ballance</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u> <u>0</u>		8. DATE OF BIRTH <u>June 28 1951</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> Hours <u>7</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mountain View, Mo</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Roy Ballance</u>		13b. MOTHER'S MAIDEN NAME <u>Reva Pritchett</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Ballance</u>		ADDRESS <u>Winona, 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>Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Injury</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9267</u> <u>46</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.) <u>101</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>7/4</u> , 19 <u>52</u> , to <u>7/5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7/4</u> , 19 <u>52</u> , and that death occurred at <u>8:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James R. Shaffer</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Mtn. View Mo.</u>		23c. DATE SIGNED <u>7/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 7 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Winona, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Winona, Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-19-52</u>		REGISTRAR'S SIGNATURE <u>Make</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u>		ADDRESS <u>Mtn View, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Baby delivered on front steps of Hospital. Fell on its
head and shoulders. Had head convulsions beginning shortly
after going home from Hospital.
James R. Sheffer D.O.

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 Joe R. Luman

Licensed Embalmer No. 4325

P. O. Address Mt View, 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.