n					_			2022	5
GHER AUG 4	4 1050	STAND	ARD CERTI	FICATE OF DE	ATH	State	File No		J
SIRTH NO		REG. DIST.	No.337	_ PRIMARY REG. DIST	. no. <u>43</u>	ピカム			*********
1. PLACE OF DE. a. COUNTY	Shelby		1020	2. USUAL RESID	DENCE (V	Vhere deceased liv	ed. If lo	titution: residenc	de insiente.
_OR _		. township	c. LENGTH OF		orporate limits	, write RURAL an	d give town	aship)	0
d. FULL NAME OF	d. STREET	d. STREET (If rural, give location)							
INSTITUTION	ADDRESS	ADDRESS							
3. NAME OF DECEASED	a. (First)	b	. (Middle)	c. (Last)		4. DATE	(Month)	(Day) (Y	(OAF)
(Type or Print)	VIRGIL	G-R	OVER	BALLANCE		DEATH	8-4-		,
1.00		7. MARRIED, 1 WIDOWED I	IEVER MARRIED, DIVORCED (Sprinty) Pried /	8. DATE OF BIRTH 2-20-1885		9. AGE (In your last birthday)	Months		Min.
10a. USUAL OCCUPATION double works Farming	ON (Give kind of working life, even if retired)	-	NICTOV			metry)	-	12. CITIZEN OF COUNTRY?	FWHAT
	-192						OR WIF		
Curtis Ba	llance		Barah Ro	berts	,				
15. WAS DECEASED EVE	R IN U.S. ARMED F	ORCES7 16. 5	OCIAL SECURITY	17. INFORMANT	S SIGNA	TURE OR N	WE	ADDRI	ESS
No	X		X	Mrs. Zulah	Balla	ance. L	eona	rd. Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEADI	NDITION NG TO DEATH*(medical (a) Coronar	CERTIFICATION				onset and d	HTAG
*This does not mean	ANTECEDENT CA	USES						İ	
the mode of dying, such as heart failure, asthenia, etc. It means the dis-	Morbid conditions rise to the above ca the underlying cau	, if any, giving D use (a) stating se last.	UE TO (b)					\ 	 -
care, injury, or complica-			· · · · · · · · · · · · · · · · · · ·	•					
tion which caused death.				nic cholecy	zstiti	is			
19a. DATE OF OPERA-	195. MAJOR FIND	INGS OF OPERA	TION	***************************************				20. AUTOPSY	77
	<u> </u>			<u>~</u>		4201	•	YES N	∞ ₹
21a. ACCIDENT, SUICIDE HOMICIDE	(Specify) 2	1b. PLACE OF IN. ome, farm, factory.	IURY (e.g., in or about street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COI	JNTY)	(STATE)) '
21d. TIME (Mossb) OF INJURY	(Day) (Year) (E		NOT WHILE	211. HOW DID INJURY	OCCUR?			· -	
22. I herebu certifu t	hat I attended th			19 43 to At	ig. 4	19 52 11	at I las	t egen the A	
alive on Aug	• <u>4</u> , 19 52	and that de	ath occurred at	30P m., from t	he causes				·····
23a. SIGNATURE	1 , //	,	(Degree or title)	23b. ADDRESS				23c. DATE SIG	SNED
(M)(I)	realis	(-						8/6/19	₹52
24a. BURIAL, CREMA- TION, REMOVAL (Books)		- 1	AME OF CEMETER	Y OR CREMATORY	24d. LOCAT	ION (City, town	, or coun	ty) (Sta	
			eonard C						
2 - 8 - REG.	REGISTRAR'S SI	GNATURE	41/	Barkelew-us	:TOR'S SI	GRATURE	AD	DRE\$\$	
0 0 2 2	· inaa	(Lic	ensed Embalmer's	Statement on Reverse Sid	~ +1 TF → 1 TF	yonell	une,	_Mo*	
	I. PLACE OF DE a. COUNTY b. CITY (If outside or OR TOWN Le d. FULL NAME OF HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or Print) 5. SEX 6. Male (VIII) 10a. USUAL OCCUPATION 13a. FATHER'S NAME Curtis Ba 15. WAS DECEASED EVERYOR, SO, or unknown) (II) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dring, such as heart failure, asthenia, etc. It means the discure, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT, SUICIDE HOMICIDE 21d. TIME (Moeth) OF (NJURY) 22a. SIGNATURE 22a. SIGNATURE	1. PLACE OF DEATH a. COUNTY Shelby b. CITY (If outside corporate limits, write R OR TOWN Leonard, d. FULL NAME OF (If not is bospital or is HOSPITAL OR INSTITUTION N 3. NAME OF DECEASED (Type or Print) VIRGIL 5. SEX 6. COLOR OR RACE Male (White 10a. USUAL OCCUPATION (Glowe kind of work doneduring wost of working life, even if retired) If AFMINS 13a. FATHER'S NAME CURTIS Ballance 15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no, or unknown) (If yes, give war or dates of the mode of dying, such as heart follure, asthenia, dtc. It means the discusse per time for (a), (b), and (c) This does not mean the mode of dying, such as heart follure, asthenia, dtc. It means the discusse disc underlying counting which caused death. 19a. DATE OF OPERATION 19b. MAJOR FIND 21a. ACCIDENT. (Specify) 19b. MAJOR FIND 21a. ACCIDENT. (Specify) 21a. ACCIDENT. (Specify) 21b. TOF INJURY 22. I hereby certify that I attended the alive on AUE • 195. 23a. SIGNATURE 24a. BURIAL, CREMA- TION, REMOVAL (Grendit) DUTISIO 24. 24b. DATE	STAND SIRTH NO. SIRTH NO. I. PLACE OF DEATH a. COUNTY Shelby County D. CITY (If outside corporate limits, write RURAL and give township town Leonard, Mo. d. FULL NAME OF (If not in bospital or institution, give streethost the county) J. NAME OF COUNTY S. NAME OF COUNTY S. SEX 6. COLOR OR RACE Male White 10a. USUAL OCCUPATION (Give kind of work domediaring most of working life, swent if retired) Sau 13a. FATHER'S NAME Curtis Ballance 15. WAS DECEASED EVER IN U. S. ARMED FORCES? II. DISEASE OR CONDITION 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, asthenia, etc. If means the discuss, fujury, or complication which caused death. Conditions contributing to the death related to the disease or condition caused death. TOTHER SIGNIFICANT CONDITION 19a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERA TION 21a. ACCIDENT. SIGCIDE 19b. MAJOR FINDINGS OF OPERA TION 21b. PLACEOF IN. home. farm. isectory. WHILEA WORK 22a. SIGNATURE 22b. DATE 24c. SIGNATURE STANDARD CERTI REG. DIST. NO. 3.3 7 I. PLACE OF DEATH a. COUNTY Shelby County b. CITY (If outside corporate limits, write RURAL and give OR TOWN Leonard, Mo d. FULL NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE 3. NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE 3. NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE 3. NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE 3. NAME OF (If not in bospital or institution, give street address or location) NONE 3. NAME OF (If not in bospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE 3. NAME OF (If not in bospital or institution, give street address of location) HOSPITAL OR INSTITUTION NONE 4. MARRIED, NEVER MARRIED, NEVER MARRIED, NEVER MARRIED, NEVER MARRIED, NONE OF MA	STANDARD CERTIFICATE OF DE SIRTH MO. SEG. DIST. NO. 3.3 7 PRIMARY REG. DIST A. COUNTY Shelby County /6 2 2. USUAL RESII B. CITY (If outside corporate limits, write RURAL and give	BIRTH NO. PREASE OF DEATH a. COUNTY Shelby County D. CITY (if oquide corporate limits, write RURAL and give TOWN Leonard, Mo. G. FULL NAME OF (If not in beoptial or institution, give street address or location) RESTITUTION None 3. NAME OF (If not in beoptial or institution, give street address or location) RISTITUTION None 3. NAME OF (If not in beoptial or institution, give street address or location) RISTITUTION NONE 3. NAME OF (If not in beoptial or institution, give street address or location) RISTITUTION NONE 3. NAME OF (If not in beoptial or institution, give street address or location) RISTITUTION 3. NAME OF (If not in beoptial or institution, give street address or location) 3. NAME OF (If not in beoptial or institution, give street address or location) 3. NAME OF (If not in beoptial or institution, give street address or location) 3. NAME OF (If not in beoptial or institution, give street address or location) 3. NAME OF (If not in beoptial or institution, give street address or location) 3. NAME OF (If not in beoptial or institution, give street address or location) 3. NAME OF (If not in beoptial or institution, give street address or location) 4. DATE OF BIRTH 2-20-1885 1. BALLANCE 8. DATE OF BIRTH 2-20-1885 1. BALLANCE 8. DATE OF BIRTH 2-20-1885 1. BIRTHPLACE (Bates or foreign or Shelby Co. Shelby C	STANDARD CERTIFICATE OF DEATH SIRTH MO. SERTH MO. SERVE MORE SE	STANDARD CERTIFICATE OF DEATH STAP FILE NO. 11 1952 SIRTH MO. 11 1952 SIRTH MO. 11 1952 SIRTH MO. 11 1952 SIRTH MO. 12 195	STANDARD CERTIFICATE OF DEATH State State	

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I hereby certify that the body whose na	•	LICENSED EMBA	•	by me or by		
working under my personal supervision.		Signed	Student Embalmer No.			
Student Embainer Note: The shove MIIST RE SIGNET	, A - (Licensed Embalmer No.	3498 Kellung Th		

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.