

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

30593

State File No.

FILED AUG 19 1952

BIRTH NO.		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>4548</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Worth</u> <u>1130</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 township) OR TOWN <u>Worth Mo</u>		c. LENGTH OF STAY (in this place) <u>17 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>		3008	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>NOT KNOWN</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edloe</u>		b. (Middle) <u>Baker</u>		c. (Last) <u>Ballard</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 7 - 1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photographer & Salesman Photo</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Photo</u>		8. DATE OF BIRTH <u>June 3 - 1904</u>		9. AGE (In years last birthday) <u>48</u> If under 1 year: Months <u>2</u> Days <u>4</u> If under 24 hrs. Hours <u>4</u> Min.	
11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Thomas Ballard</u>			
13b. MOTHER'S MAIDEN NAME <u>Margorie Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Vera Ballard</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>491-09-7622</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vera Ballard</u>				ADDRESS <u>Worth 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>40 minutes</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Insufficiency</u> 5 months DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES ☐ NO ☒			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>29 March, 1952</u> , to <u>Aug 7</u> , 1952, that I last saw the deceased alive on <u>Aug 7</u> , 1952, and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank B. Matheson M.D.</u>		23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>8-9-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 9 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-12-1952</u>		REGISTRAR'S SIGNATURE <u>Reta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4211

P. O. Address Grant City, 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.