

FILED OCT 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4480

31677

BIRTH NO.		REG. DIST. NO. 14.9		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4480	
1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>New York</i> b. COUNTY <i>Onondaga</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Kanawha City</i>		c. LENGTH OF STAY (in this place) <i>unk</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Syracuse</i>		9310	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp # 1</i>				d. STREET ADDRESS (If rural, give location) <i>332 Seymour</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>SPENCER</i>		b. (Middle)		c. (Last) <i>BALLOU JR</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9-13-1953</i>	
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>1-19-1905</i>	
9. AGE (In years last birthday) <i>48</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Syracuse, N.Y.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>Spencer Ballou Sr</i>		13b. MOTHER'S MAIDEN NAME <i>unk</i>		14. NAME OF HUSBAND OR WIFE <i>Gertrude Ballou</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unk</i>		16. SOCIAL SECURITY NO. <i>unk</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>H. Ballou Syracuse, N.Y.</i>			
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) <i>Shock &amp; Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fractured Ribs Rt Leg</i> DUE TO (c) <i>Cerebral Concussion</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Car hit a concrete foundation</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 123 (STATE) <i>Jackson City Jackson MO</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9-12-53</i>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Car Car Collision</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>H. Owens</i>				23b. ADDRESS <i>1234 Piatt St Bldg</i>		23c. DATE SIGNED <i>9-14-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>9-14-1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Morningstar Cem Syracuse N.Y.</i>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <i>9-15-53</i>		REGISTRAR'S SIGNATURE <i>Heraldine Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Jas Santos Bus KC MO</i>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*F. S. Malton*

Licensed Embalmer No. 2754

P. O. Address KC 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.