

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5273

FILED MAR 9 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 hrs</u>	c. CITY OR TOWN <u>Carthage</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>BALLENGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27, 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>November 5, 1905</u>		9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>polisher---Carthage</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Marble Corp.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph A. Ballenger</u>		13b. MOTHER'S MAIDEN NAME <u>Marguerite McDermott</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>703-01-5242</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Laura Ambler, 722 E. Budlong, Carthage</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>GUNSHOT (SHOTGUN) WOUND ABDOMEN</u>					
ANTECEDENT CAUSES DUE TO (b) <u>WITH LACERATION OF THE LT. COMMON ILLIAC ARTERY</u>					
DUE TO (c) <u>E9195 43</u>					
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			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City street</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>215</u> (COUNTY) <u>CHEROKEE</u> (STATE) <u>MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-27-1955</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Inquest report: <u>Came to his death as a result of gunshot wound inflicted accidentally by John A. Shetty.</u>	
22. I hereby certify that I attended the deceased from <u>DID NOT, ATTEMPT</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4:40a</u> , 19 <u>55</u> , and that death occurred at <u>4:40a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wolcott M. S. Ormeroy, Jr. M.D.</u>			23b. ADDRESS <u>Joplin Natl Bank Bldg Joplin, Mo</u>		23c. DATE SIGNED <u>2-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-2-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-2-55</u>		REGISTRAR'S SIGNATURE <u>by Dallas Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed MAY 1 1922

REC'D 10 17 1922

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.....
Signature of Student Embalmer

Signed..... *Robert H. Krell*

Licensed Embalmer No. 4459

P. O. Address Carthage,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.