

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 84046

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5564 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Union Township</u> <u>0470</u>	
c. LENGTH OF STAY (In this place) <u>5 months</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles west of Annapolis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west of Annapolis</u>		d. STREET ADDRESS <u>3 miles west of Annapolis</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WALTER</u>	b. (Middle) <u>LEVI</u>	c. (Last) <u>BALLANCE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 8 1896</u>	9. AGE (In years last birthday) <u>58</u> If UNDER 1 YEAR: Months <u>3</u> Days <u>3</u> If UNDER 24 HRS: Hours <u>3</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver Western Trucking Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Western Trucking Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. James Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Ballance</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW2</u>	16. SOCIAL SECURITY NO. <u>489-16-3805</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella Ballance, Annapolis Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ATHERO SCLEROSIS</u> 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 19 1954 to Feb 10, 1955, that I last saw the deceased alive on Jan 28, 1955, and that death occurred at 11:48 AM from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Webb M.D.</u> (Degree or title)	23b. ADDRESS <u>4501 1/2 Manchester</u>	23c. DATE SIGNED <u>Feb-12-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forsythe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oakland City Ind.</u>
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DATE REC'D BY LOCAL REG. <u>2-15-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Annie Jones</u> <u>124</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ironton Mo.</u> <u>Russell J. White</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0470

1955

MAR 4 1955

FEB 23 1955

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

Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Quinton, 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.