

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. **35678**

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4998		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannuwell		c. LENGTH OF STAY (in this place) 17yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannuwell		10210	
d. FULL NAME OF HOSPITAL OR INSTITUTION Town limits				d. STREET ADDRESS (If rural, give location) Town limits			
3. NAME OF DECEASED (Type or Print) a. (First) Clara A.		b. (Middle) 		c. (Last) Ballinger		4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1955	
5. SEX F		6. COLOR OR RACE Wh.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 22, 1876	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 0 Days 18		IF UNDER 1 YEAR Hours Mins. 		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Robert J. Wood		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE James M. Ballinger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James M. Ballinger, Hannuwell, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Broncho Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 491X				INTERVAL BETWEEN ONSET AND DEATH 30 min 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 Nov 1, 1955 , to Nov 9, 1955 , that I last saw the deceased alive on Nov 9, 1955 , and that death occurred at 2:00 P m., from the causes and on the date stated above.							
23a. SIGNATURE G. H. Tommi (Degree or title) D.O.				23b. ADDRESS Shelby, Mo		23c. DATE SIGNED 11/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove		24d. LOCATION (City, town, or county) (State) Paris, Mo.	
DATE REC'D BY LOCAL REG. 11-12-55		REGISTRAR'S SIGNATURE Ada Garricoso		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Feaster-Hamer, Monroe City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1950

JUN 2 1950

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.....

Harold Garman

Licensed Embalmer No. 3720

P. O. Address..... *Monroe Co*

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.