

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20393

State File No. _____

FILED JUN 25 1956

2394

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Cass**

b. CITY (If outside corporate limits, write RURAL and give township) **Kansas City**
c. LENGTH OF STAY (In this place) **6 months**

c. CITY OR TOWN **Belton**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Lindeman Nursing Home**
STREET ADDRESS (If rural, give location) **510 Second Street**

3. NAME OF DECEASED
a. (First) **Clyde** b. (Middle) **Arthur** c. (Last) **Balding Sr.**
4. DATE OF DEATH (Month) **5** (Day) **30** (Year) **56**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Nov 8 1884** 9. AGE (In years by birthday) **71** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Business Agent**
10b. KIND OF BUSINESS OR INDUSTRY **Painters Union**
11. BIRTHPLACE (City and State or Foreign Country) **Morgan County Ohio**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Balding** 13b. MOTHER'S MAIDEN NAME **Lucy Stinchcomb** 14. NAME OF HUSBAND OR WIFE **Tina Balding**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. **496-03-9401**
17. INFORMANT'S SIGNATURE OR NAME **Tina Balding, Belton, Missouri** ADDRESS _____

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) **Arteriosclerotic Heart Disease 10 yrs.**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Cerebral Hemorrhage**
INTERVAL BETWEEN ONSET AND DEATH
4200
8 mos.

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)
Kansas City Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **8/16 1956**, to **5/30 1956**, that I last saw the deceased alive on **5/30 1956**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Richard L. Lehner** (Degree or title) _____ 23b. ADDRESS **1103 Grand Kansas City Mo** 23c. DATE SIGNED **6/1/56**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial** 24b. DATE **6-2-56** 24c. NAME OF CEMETERY OR CREMATORY **Belton Cemetery** 24d. LOCATION (City, town, or county) (State) **Belton, Missouri**

DATE REC'D BY LOCAL REG. **6-1-56** REGISTRAR'S SIGNATURE **Merna Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **E. K. George & Sons Inc, Belton, Mo.** ADDRESS **By St. Paul**

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.....
Signature of Student Embalmer

Signed *Sterling E. Granda*
.....

Licensed Embalmer No. *491*
P. O. Address *Granda*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.