

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31219**

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY Knox

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Knox

b. CITY (If outside corporate limits, write RURAL and give township) Edina c. LENGTH OF STAY (In this place) 12 yrs

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

d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hospital & Clinic

f. STREET ADDRESS (If rural, give location) 0520

3. NAME OF DECEASED
a. (First) ONA b. (Middle) _____ c. (Last) BALLINGER

4. DATE OF DEATH (Month) (Day) (Year) Sept 27 1956

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Feb 9, 1879 9. AGE (In years last birthday) 77 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) housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Knox County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Kimball 13b. MOTHER'S MAIDEN NAME Ella McCloskey 14. NAME OF HUSBAND OR WIFE C. C. Ballinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Mrs. Ellen Brookhart ADDRESS Edina, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

INTERVAL BETWEEN ONSET AND DEATH 2 months

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Advanced arteriolar nephrosclerosis

DUE TO (c) Arteriosclerosis

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 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) 446x

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 July 26 1956, to Sept. 27 1956, that I last saw the deceased alive on Sept. 27 1956, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. H. Bradley M.D. 23b. ADDRESS Edina Mo. 23c. DATE SIGNED 9-29-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 30 Sept '56 24c. NAME OF CEMETERY OR CREMATORY Novelty Cemetery 24d. LOCATION (City, town, or county) (State) Novelty, Missouri

DATE REC'D BY LOCAL REG. Oct 5-56 REGISTRAR'S SIGNATURE Hell S. Hunsack 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Edina, Mo

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

0520

151

1957 8 8071

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 *Mrs. J. W. Hudson*.....

Licensed Embalmer No. *297*.....

P. O. Address *Edison*.....

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.