

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39038

STATE FILE NUMBER

FILED DEC 6 - 1956

Registration District No. 280 Primary Registration District No. 6962 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARSHALL</u>			Inside Limits Yes ☐ No ☒	c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BEAN LAKE</u>			Length of stay in lb <u>4 DAYS</u>	d. STREET ADDRESS <u>5434 E. 28TH ST</u>			Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>AUBREY</u> Middle <u>ONEAL</u> Last <u>BALLEW</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>25</u> Year <u>1956</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	MARRIED ☒ NEVER MARRIED ☐	8. DATE OF BIRTH <u>OCT. 1, 1906</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	10. b. KIND OF BUSINESS OR INDUSTRY <u>K.C. POWER & LIGHT</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>K.C. POWER & LIGHT</u>				11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>HIRAM BALLEW</u>				14. MOTHER'S MAIDEN NAME <u>NANNIE ONEAL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>MARY BALLEW</u>		Address <u>5434 E. 28TH ST. K.C. MO.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
							DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>4201</u>				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>APPROX. 12:15 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Koland M. Giffey, Coroner</u>				22b. ADDRESS <u>Platte City, Mo.</u>		22c. DATE SIGNED <u>11-25-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>NOV. 27, 56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>		
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>			ADDRESS <u>K.C. MO</u>		25. DATE RECD. BY LOCAL REG. <u>11-24-1956</u>		26. REGISTRAR'S SIGNATURE <u>Opelia Raelins</u>

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *W. R. Vaughan*

Licensed Embalmer No. *40*

P. O. Address *Weston*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.