

FILED OCT 2 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33004

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville</b>				c. CITY OR TOWN <b>Ft Leonard Wood</b>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Waynesville General</b>				d. STREET ADDRESS <b>175 Springfield St</b>			
3. NAME OF DECEASED (Type or print) First <b>Vanessa</b> Middle <b>Kay</b> Last <b>Ballantyne</b>				4. DATE OF DEATH Month <b>9</b> Day <b>25</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>9-24-57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Waynesville Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U A</b>	
13. FATHER'S NAME <b>Ray E Ballantyne</b>				14. MOTHER'S MAIDEN NAME <b>Edna E O'Banion</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>175 Springfield St Ray E Ballantyne Ft Wood, Missouri</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congenital hyalineization of alveolar spaces</b> DUE TO (b) <b>Congenital atelectasis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>5272</b>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION <b>Waynesville, Missouri</b>				20f. COUNTY <b>Pulaski</b>			
20g. STATE <b>Missouri</b>				20h. DATE OF DEATH <b>9-25-57</b>			
21. I attended the deceased from <b>9-24-57</b> to <b>9-25-57</b> and last saw her alive on <b>9-25-57</b> Death occurred at <b>4:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>R. E. Nickels</b> (Degree or title)				22b. ADDRESS <b>Waynesville, Missouri</b>			
22c. DATE SIGNED <b>9-25-57</b>				22d. SIGNATURE <b>Clara Mae Anderson</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-28-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Ft Wood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Ft Leonard Wood Missouri</b>	
24. FUNERAL HOME OR ADDRESS <b>Hedges Funeral Home, Inc Waynesville Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>9-28-57</b>			

RECEIVED 9-28-57  
Pulaski County Health Officer  
File Number 121  
Date Filed 9-28-57

### 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... *Clarence M. Moss* .....

Licensed Embalmer No. 48

P. O. Address *W. P. P. P.*

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.