

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 46941

FILED JAN 8 1958

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 10099		Registrar's No. 453	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Praine (rural)</u>		c. LENGTH OF STAY (in this place) <u>yes</u>		c. CITY OR TOWN <u>Queen City</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF (If not in hospital or institution, give street address or location). HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>4 miles N. of Queen City</u>			
3. NAME OF DECEASED (Type or Print) <u>DAVID BENJAMIN BALLENGER</u>				f. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22 '57</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>April 16 1884</u>	
9. AGE (in years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Queen City Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>Agulla Ballenger</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Dykes</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Beerbower</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Laura Beerbower</u>		ADDRESS <u>Queen City Mo.</u>	
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) <u>Hypostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> ANTECEDENT CAUSES DUE TO (b) <u>Congestive Cardiac Failure</u> <u>5 years</u> DUE TO (c) <u>Dilatation of Left Ventricle</u> <u>5 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ischemia</u> <u>3 months</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES ☐ NO ☒		4341	
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) (Minute) _____	
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 <u>8/23</u> , 19 <u>56</u> , to <u>12/22</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>12/29</u> , 19 <u>57</u> , and that death occurred at <u>4:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward M. Roberts</u>		23b. ADDRESS <u>N.O. Queen City, Mo.</u>		23c. DATE SIGNED <u>1/2/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-31-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City Mo</u>	
DATE REC'D BY LOCAL REG. <u>12.31.57</u>		REGISTRAR'S SIGNATURE <u>Laura B. J. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Don't know</u> ADDRESS <u>Queen City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4619

P. O. Address. Quincy, Ill.

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.