

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006317  
STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>LEWIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <b>MISSOURI</b> COUNTY <b>LEWIS</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>LA GRANGE</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>LA GRANGE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>*****</b>				Length of stay in lb <b>*****</b>		d. STREET ADDRESS (If outside, give location) <b>NONE</b>	
3. NAME OF DECEASED (Type or print) First <b>REBECCA</b> Middle <b>LEE</b> Last <b>BALLY</b>				4. DATE OF DEATH Month <b>FEB.</b> Day <b>26</b> Year <b>1958</b>			
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>JAN. 18, 1872</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>*****</b>		11. BIRTHPLACE (City and state or country) <b>BENJAMIN, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>WILLIAM SMITH</b>				13b. MOTHER'S MAIDEN NAME <b>MARY LESLIE</b>		14. NAME OF HUSBAND OR WIFE <b>JOHN N. BALLY</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>BLANCHE BALLY, LA GRANGE, MO.</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>Cancer Descending Colon</b> 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) <b>Diabetes mellitus</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Dec 27</b> to <b>Feb 26, 1958</b> and last saw her alive on <b>Feb 26, 1958</b> Death occurred at <b>3 a.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W L Eley MD</b> (Degree or title)				22b. ADDRESS <b>La Grange MO</b>		22c. DATE SIGNED <b>2/28/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>MAR. 1, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MONTICELLO</b>		23d. LOCATION (City, town, or county) (State) <b>MONTICELLO, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>Charles L. Jennings</b> ADDRESS <b>LEWISTOWN, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>3-1-58</b>		26. REGISTRAR'S SIGNATURE <b>P.W. Jennings, M.D.</b> <b>E.L.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles L. Arnold Jr.* .....

Licensed Embalmer No. .... 4667 .....

P. O. Address LEWISTOWN, MO. ....

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.