

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025279

STATE FILE NUMBER

FILED AUG 6 1958

Registration District No. 140

Primary Registration District No. 3026

Registrar's No. 55

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Howard</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) <u>Fayette</u> Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes ☒ No ☐	
c. FULL NAME OF DECEASED (If in hospital, give location) <u>Charles Conv. Home</u> HOSPITAL OR INSTITUTION		Length of stay in lb <u>3 yrs. 3 mos.</u>	
3. NAME OF DECEASED (Type or print) First <u>VIRGINIA</u> Middle <u>BELLE</u> Last <u>ALLEMANG</u>		4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>Mar. 25, 1869</u>
9. AGE (In years, last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	
11. BIRTHPLACE (City and state or county) <u>Boonshoro Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Cyrus Walker Ballou</u>		14. MOTHER'S MAIDEN NAME <u>Mary Shipp</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMATION ADDRESS <u>Mr. Fred Ferguson Glasgow 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>Chronic myocarditis</u> DUE TO (b) <u>Atherosclerosis heart disease</u> DUE TO (c) <u>4200</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Exacerbated vascular accident 5-14-58</u>	
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.)		20c. TIME OF INJURY Hour <u>2:45 A.</u> Month, Day, Year <u>5-20-1953</u>	
20d. INJURY OCCURRED WHILE AT ☐ 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 <u>Glasgow Mo.</u>		20g. COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from Death occurred at <u>2:45 A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Mrs. Glasgow</u>	
22b. ADDRESS <u>Glasgow Mo.</u>		22c. DATE SIGNED <u>7-2-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 3, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) <u>Kansas City Mo.</u>	
24. FUNERAL DIRECTOR <u>Undsley, Fairman</u>		25. DATE RECD. BY LOCAL REG. <u>7-2-58</u>	
26. REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		(Licensed Embalmer's Statement on Reverse Side)	

MEDICAL CERTIFICATION

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 *Edw. Tremont*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, N.Y.*

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.