

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043966
STATE FILE NUMBER
6112

FILED JAN 14 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 6112

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If outside, give location) 7833 Main St.,	
3. NAME OF DECEASED (Type or print) First Alexander Middle Ballinger Last Ballinger		4. DATE OF DEATH Month 12th Day 24th Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-1-96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION	11. BIRTHPLACE (City and state or country) Independence, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Neiles Ballinger	
13b. MOTHER'S MAIDEN NAME Sara E. Rehard		14. NAME OF HUSBAND OR WIFE Josie Ballinger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 494 14 0985	
17. INFORMANT VA Hospital Records, K.C., Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion and edema DUE TO (b) _____ DUE TO (c) Carcinoma of prostate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 197*
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.		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.) at work		20f. CITY, TOWN, OR LOCATION KANSAS CITY MISSOURI	
21. I attended the deceased from December 3, 1958 to December 24, 1958 . Death occurred at 6:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Turner		22b. ADDRESS MD V.A. Hospital, K.C., Mo	
22c. DATE SIGNED 12-24-58		23a. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
23b. DATE DEC 26 1958		23c. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 12-26-58	
ADDRESS 1331 BROSH CREEK KANSAS CITY, MO.		26. REGISTRAR'S SIGNATURE neva minshall	

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 *Paul J. Honey*

Licensed Embalmer No. *25724*

P. O. Address *A.C. 9710*

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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.