Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1959

59-005395
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 750

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Lutheran Hosp — Length of stay in 1b 35 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3505 Harrison — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Carl Middle Edwin Last Ballard
4. DATE OF DEATH Month Feb Day 8 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct 1, 1898
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY Retail
11. BIRTHPLACE (City and state or country) Gallatin Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Elwood D Ballard
13b. MOTHER'S MAIDEN NAME Mary Belle Hover
14. NAME OF HUSBAND OR WIFE Bernice Earline Ballard
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 487-07-3222
17. INFORMANT Earline Ballard, Address Kansas City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Vascular Accident — 10 days.
DUE TO (c) Generalized arterial sclerosis — 5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [X] 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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] 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 COUNTY STATE

21. I attended the deceased from Jan 1959 to Feb 8 59 and last saw ~~her~~ him alive on 8 Feb 59 -
Death occurred at 2:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kiernan Van Buskirk M.D.
22b. ADDRESS 1418 Professional Bldg.
22c. DATE SIGNED 9 Feb 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-9-59
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Gallatin Mo.
24. FUNERAL DIRECTOR Hope Mortuary ADDRESS Gallatin, Mo.
25. DATE RECD. BY LOCAL REG. 2-10-59
26. REGISTRAR'S SIGNATURE Nova Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

William C. Van Buskirk

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 John R. Sidmo

Licensed Embalmer No. 4531

P. O. Address Kansas Ci

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.