

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017588

STATE FILE NO. 2167

FILED MAY 29 1959

Registration District No. _____

199

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Osceola Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1223 Agnes.		Length of stay in 1b 6.756	d. STREET ADDRESS (If outside, give location) 0930 Osceola, Missouri Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES. Middle L Last BALLOU			4. DATE OF DEATH Month 4 Day 30 Year 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8 7 1873
9. AGE (In years on birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret - Mason	11. BIRTHPLACE (City and state or country) Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret - Mason		10b. KIND OF BUSINESS OR INDUSTRY Building	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME James Ellsworth Ballou		13b. MOTHER'S MAIDEN NAME Emma Frances Newberry	14. NAME OF HUSBAND OR WIFE Elizabeth Ballou
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Mrs. E. M. Ballou Osceola, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CORONARY STENOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CARDIAC DECOMPENSATION DUE TO (c) CORONARY ARTERY DISEASE			INTERVAL BETWEEN ONSET AND DEATH 4201
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-4-59 to 4-30-59 and last saw him alive on 4-29-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In green or blue ink) Richard P. Muehle		22b. ADDRESS D. O. 1924 E 31st St	
22c. DATE SIGNED 5-1-59		23. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 5 - 2 - 59		23c. NAME OF CEMETERY OR CREMATORY Floral Hills	
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels, Inc	
25. DATE RECD. BY LOCAL REG. 5-1-59		26. REGISTRAR'S SIGNATURE Neva Minkell	

Richard P. Muehle - USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Forrest D. Goldsman*

Licensed Embalmer No. *7714*

P. O. Address *KC 2110*

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.