URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 18 1960

-60-007898

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1371

NDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 35 days

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Missouri Pacific Hosp. — Inside Limits: Yes ☒ No ☐

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 ☒ No ☐

d. STREET ADDRESS (If outside, give location): 324 Barat St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: PAUL — Middle: LOWELL — Last: BALLANCE

4. DATE OF DEATH: Month: Feb. — Day: 4, — Year: 1960

5. SEX: Male

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 8-29-20

9. AGE (last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Mo.Pac. R.R.

11. BIRTHPLACE (City and state or country): Granite City, Ill.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Louie Ballance

13b. MOTHER'S MAIDEN NAME: Gustia Lowe

14. NAME OF HUSBAND OR WIFE: divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 329-12-9542

17. INFORMANT: Louie Ballance, Address: Cobden, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 162.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 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 Oct 4 59 to 2/4/60 and last saw her/him alive on 2/2/60

Death occurred at 11:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James C. Vest MD

22b. ADDRESS: 634 N Broad

22c. DATE SIGNED: 2/5/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-7-60

23c. NAME OF CEMETERY OR CREMATORY: Jonesboro

23d. LOCATION (City, town, or county) (State): Jonesboro, Illinois

24. FUNERAL DIRECTOR — ADDRESS: Cecil Norris, Jonesboro, Ill.

25. DATE RECD. BY LOCAL REG.: FEB 5 1960

26. REGISTRAR'S SIGNATURE: Hal Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

FEB 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

Not Embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed John J Kassly Jr

Signature of Student Embalmer

Licensed Embalmer No. 9912

P. O. Address E St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.