

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

-60-023855

ENDED

Registration District No. 215 Primary Registration District No. 5183 Registrar's No. 5

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glaze		Length of stay in lb		c. CITY OR TOWN Brumley		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Reuben Middle Stanton Last Ballenger				4. DATE OF DEATH Month June Day 18 Year 1960			
5. SEX Male		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 2-25-1886 74	
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Stockman		11. BIRTHPLACE (City and state or country) Laclede County, Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Reuben Ballenger		13b. MOTHER'S MAIDEN NAME Sarah Alice Wallace		14. NAME OF HUSBAND OR WIFE Georgia Ballenger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-22-6594		17. INFORMANT Georgia Ballenger Brumley, 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) Hypertensive heart disease with cardiac renal failure DUE TO (b) with cardiac renal failure DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute aneurysm				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 _____, to _____, and last saw her/him alive on 6-16-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Carl F. Bruehl Jr M.D. (Degree or title)				22b. ADDRESS Eldon Mo		22c. DATE SIGNED 6-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-20-1960		23c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery		23d. LOCATION (City, town, or county) (State) Brumley, Mo. (Rural)	
24. FUNERAL DIRECTOR Walter P. Hedger		ADDRESS Glaze, Mo		25. DATE RECD. BY LOCAL REG. June 23 - 1960		26. REGISTRAR'S SIGNATURE Jessie Perkins	

(Licensed Embalmer's Statement on Reverse Side)

0961 11 700 SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Berlin, Md

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.