

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020747

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 204 Registrar's No. 73

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 11 1963

VS 300  
Rev. 4/59

1 0611  
2 1020  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon, Mo.</u>		Length of stay in 1b <u>11 days</u>	c. CITY OR TOWN <u>Leonard, Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Samaritan Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Leonard, Mo.</u>
3. NAME OF DECEASED (Type or print) <u>Zulah Marble Ballance</u>			4. DATE OF DEATH Month <u>June</u> Day <u>6</u> Year <u>1963</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-11-1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Shelby County</u>
13a. FATHER'S NAME <u>David T. Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Vandiver</u>	14. NAME OF HUSBAND OR WIFE <u>Virgil Ballance</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Wayne Ballance</u> Address <u>Columbia</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Peritonitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 Days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Ruptured Appendix</u>			<u>16 Days</u>
DUE TO (c)			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>3:30</u> a.m. <u>P</u> Month, Day, Year <u>6 June 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <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 <u>1948</u> to <u>6 June 1963</u> and last saw her alive on <u>6 June 1963</u> . Death occurred <u>3:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. Wright D.O.</u> (Degree or title)		22b. ADDRESS <u>Leonard Mo.</u>	22c. DATE SIGNED <u>7 June 63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-8-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leonard Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Leonard, Mo.</u>
24. FUNERAL DIRECTOR <u>Greening, Shelbyville, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>6-8-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth M. Naligian</u>

USE BLACK INK OR TYPEWRITER RIBBON

EMERALD CITY  
M

**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. 689

working under my personal supervision.

Student W. S. Fleming  
Signature of Student Embalmer

Signed Charles O. Fleming

Licensed Embalmer No. 4625

P. O. Address Clarence Mo

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.