

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32982**

FILED OCT 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **270**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>	c. LENGTH OF STAY (in this place) <b>years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City 02601</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>917 E. Elm</b>	

3. NAME OF DECEASED (Type or Print) <b>Lydia</b>	a. (First) <b>Ballance</b>	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 18 1951</b>
--	----------------------------	-------------	-----------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 24 1894</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>24</b>	IF UNDER 6 WKS. Hours <b></b> Mins. <b></b>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>Cole County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	---	--

13a. FATHER'S NAME <b>Henry Ramsey</b>	13b. MOTHER'S MAIDEN NAME <b>Cora Wilkerson</b>	14. NAME OF HUSBAND OR WIFE <b>Ordean Ballance</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ordean Ballance</b>	ADDRESS <b>917 E. Elm</b>
---	-------------------------------------	--	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Had colon resection</b> <b>July 1950</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>153X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **7-12**, 19**50**, to **10-18**, 19**51**, that I last saw the deceased alive on **10-18**, 19**51**, and that death occurred at **10<sup>34</sup> a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. D. Superbacher M.D.</b> (Degree or title)	23b. ADDRESS <b>503 E. High Jefferson Mo</b>	23c. DATE SIGNED <b>10-23-51</b>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct 23 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Longview</b>	24d. LOCATION (City, town, or county) (State) <b>Cole County Mo</b>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG <b>Oct 23-1951</b>	REGISTRAR'S SIGNATURE <b>A. P. Davis MR-7R.0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robinson Home Jefferson Mo</b>	ADDRESS
--	--	--	---------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# 270

RECEIVED OCT 29 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed OCT 29 1951

JUL 14 1951

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 .....  
Student Embalmer

Signed J. H. Anderson

Licensed Embalmer No. 2641

P. O. Address James

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 this body is not embalmed, fact should be so stated above.