

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16887

2339

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| BIRTH NO. | | REG. DIST. NO. 149 | PRIMARY REG. DIST. 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 Mo b. COUNTY Saline | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Marshall, Mo | | |
| c. LENGTH OF STAY (in this place) 4 Wks. | | d. STREET ADDRESS (If rural, give location) 414 E Gordon St., | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hosp. | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Josephine | | b. (Middle) Ballinger | | c. (Last) YOUNG |
| 4. DATE OF DEATH (Month) (Day) (Year) 5/19/52 | | | | |
| 5. SEX Fem | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH 2/18/1904 | 9. AGE (In years last birthday) 48 |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY Grade School | 11. BIRTHPLACE (State or foreign country) Richmond, Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. |
| 13a. FATHER'S NAME Harry M. Ballinger | | 13b. MOTHER'S MAIDEN NAME Hattie Burns | 14. NAME OF HUSBAND OR WIFE Unk. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Betty Young, Marshall, Mo. | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DIFFUSE PULMONARY GRANULOMA-TOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ETIOLOGY UNDETERMINED (TUBERCULOUS? MYCOTIC?) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIFFUSE GRANULOMATA SPLEEN | | INTERVAL BETWEEN ONSET AND DEATH 1 year 00 1/2 |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION KIDNEYS. | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 5-19-1952, and that death occurred at 4:05 Am., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE W. R. McPhee | | 23b. ADDRESS M.D. Research Hosp. 2300 Holmes K.C. Mo. | | 23c. DATE SIGNED 5/19/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5/20/52 | 24c. NAME OF CEMETERY OR CREMATORY Richmond Cemetery | 24d. LOCATION (City, town, or county) (State) Richmond, Mo. | |
| DATE REC'D BY LOCAL REG. 5-21-52 | REGISTRAR'S SIGNATURE S. Geraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheel, K. C. Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

name

sex

race

date of birth

place of birth

place of residence

cause of death

date of death

signature

signature

signature

sex

race

date of birth

place of birth

place of residence

MS FEB 1 6 1959

cause of death

date of death

signature

sex

race

date of birth

cause of death

signature

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 *John P. Shil*.....
Licensed Embalmer No. *3625*

P. O. Address *IT C Ma.*

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.