

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23665

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 228	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>3 wks</u>		c. CITY OR TOWN <u>Philadelphia</u>		d. STREET ADDRESS (If rural, give location) <u>0640 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				3. NAME OF DECEASED a. (First) <u>Lora</u> b. (Middle) <u>Jane</u> c. (Last) <u>Ballinger</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>7 21 54</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 19, 1886</u>		9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo.</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 _____		11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>George Vickrey</u>		13b. MOTHER'S MAIDEN NAME <u>May McChristy</u>		14. NAME OF HUSBAND OR WIFE <u>James M. Ballinger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James M. Ballinger</u> ADDRESS <u>Philadelphia</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma lungs &amp; cerebral</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>primary carcinoma of breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>  <u>30 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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 <u>7-4-54</u> , 19 <u>54</u> , to <u>7-21-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-21-54</u> , 19 <u>54</u> , and that death occurred at <u>5:30a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>P. E. Sultzman M.D.</u> (Degree or title) _____				23b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u>		23c. DATE SIGNED <u>7-26-54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Philadelphia</u>		24d. LOCATION (City, town, or county) (State) <u>Philadelphia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-27-54</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>S. Feaster</u> ADDRESS <u>Philadelphia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED JUL 31 1958

JUL 31 1954

APR 2 1958

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Harold Garner*

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.