

FILED MAY 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14179

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Crosstown</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Perry Co. Memorial Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		<u>0790</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lester (Leslie)</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Ballowe</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>April 2, 1956</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug. 30, 1898</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>57</u> Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bartender.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Wellsville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lucille Ballowe (Divorced)</u>
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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>492-10-7131</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M.J. McGrath 3030 Grandel Square St. Louis, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		<u>4d.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Right hemiplegia</u> DUE TO (c) <u>Left cerebral thrombosis</u>		<u>2wk.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>		<u>1yr.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>332X</u>

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 3-24, 1956 to 4-2, 1956, that I last saw the deceased alive on 4-2, 1956, and that death occurred at 3:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. G. Grinstead, M.D.</u>	23b. ADDRESS <u>Perryville, Mo.</u>	23c. DATE SIGNED <u>4-5-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 6, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-5-56</u>	REGISTRAR'S SIGNATURE <u>Lois J. Zellner</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young &amp; Sons Perryville, Mo.</u>
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

MAY 8

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.....  
Signature of Student Embalmer

Signed..... *Walter Young*

Licensed Embalmer No. *402*

P. O. Address *Peru, Pa.*

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.