

Health,
Welfare
Public
Service
3003
-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32286

STATE FILE NUMBER

FILED OCT 11 1957

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 428

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		c. CITY OR TOWN Independence	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR DOA Indep. Sanit.		Length of stay in lb 30 yrs.	
d. STREET ADDRESS 11320 E. 29th		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CHARLES Middle HOBART Last BALSTON			4. DATE OF DEATH Month Oct. Day 2 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1896
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator		10b. KIND OF BUSINESS OR INDUSTRY Auto. Battery Shop	11. BIRTHPLACE (City and state or country) Clifton, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Morgan Balston	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Aliene Balston	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) Yes WWI		16. SOCIAL SECURITY NO. 495-10-8563	
17. INFORMANT Aliene Balston		Address 11320 E. 29th, Indep., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9731			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall on exhaust pipe - hit on window car		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 10:25 p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		
20e. CITY, TOWN, OR LOCATION Independence	20f. COUNTY Jackson	20g. STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 8:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul H. Ovenshaver		22b. ADDRESS 1034 North Blvd	22c. DATE SIGNED 10-4-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Oct. 5, 1957	23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR George C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 10-5-57	26. REGISTRAR'S SIGNATURE James K. [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 14 1957

TABLET

PLATE

OCT 8 1957

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 *Raymond F. Steman*
Licensed Embalmer No. *4266*
P. O. Address *Independence*

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.