

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036741

STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 146 Primary Registration District No. 5569 Registrar's No. 456

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookings Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Brookings Twp.
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION 10201 E. 75th. St.		Length of stay in lb 35 yrs.	d. STREET ADDRESS 10101 (If outside, give location) 10201 E. 75th. St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First George Middle T. B. Last Ballew Sr.			4. DATE OF DEATH Month Oct. Day 28 Year 1958	
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 Jan. 31, 1891	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman		10b. KIND OF BUSINESS OR OCCUPATION Telephone Co.	11. BIRTHPLACE (City and state or country) Richmond Ky.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME George W. Ballew	13b. MOTHER'S MAIDEN NAME Jenny Francis	14. NAME OF HUSBAND OR WIFE Madge Ballew
-----------------------------------------------	---------------------------------------------------	----------------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. ? 509-03-0788	17. INFORMANT Madge Ballew 10101 10201 E. 75th. St.
------------------------------------------------------------------------------------------------------------------------	----------------------------------------------	---------------------------------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct (acute)		INTERVAL BETWEEN ONSET AND DEATH Immediate
DUE TO (b) Arteriosclerotic Heart Disease - Enlarged aorta		
DUE TO (c) 4200		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ITEM 1C, 17, 19, 21 CORRECTED
-----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

20c. TIME OF INJURY Hour 12-22-58 Month Dec. Day 22 Year 58 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	BY AFFIDAVIT OF Funeral Director + Physician 12-22-58 Dec.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Brookings Twp.	COUNTY Jackson	STATE Mo.
-------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------	--------------------------	---------------------

21. I attended the deceased from Nov 2, 1956 to Oct 28, 1958 and last saw ^{him} her alive on Oct 15, 1958 Death occurred at 6:00 P.M. 6:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marion Hunter M.D.	22b. ADDRESS 1408 Walden Bldg	22c. DATE SIGNED 10/30/58
---------------------------------------------------------------	-----------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/31/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) Kansas City	(State) Mo.
------------------------------------------------------------	------------------------------	------------------------------------------------------------	-------------------------------------------------------------	-----------------------

24. FUNERAL DIRECTOR Stine & McClure	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 10-31-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
----------------------------------------------------	----------------------------	-------------------------------------------------	-------------------------------------------------

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by Affidavit 11/16/58

NOV 4 1958

NOV 5 1958

*W.A. 2-16-1958
will be in office 10:00 AM*

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  _____

Licensed Embalmer No. 5010
P. O. Address Kansas City, Mo

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.