Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036781
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 487

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns. Hosp. — Length of stay in lb 45. yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin 0495 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1732 Bird — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Marie Middle Hope Last Balding

4. DATE OF DEATH Month Oct Day 9, Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH July 15, 1890
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homemaking
11. BIRTHPLACE (City and state or country) Atchison, Ks
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Wincheck
13b. MOTHER'S MAIDEN NAME Marie Fenning
14. NAME OF HUSBAND OR WIFE Frank Balding

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Frank Balding Address 1732 Bird Joplin Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 30 Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardio-vascular renal disease — Unknown
DUE TO (c) Two previous cerebral hemorrhages 442XF — 27 weeks 6 days, 26 weeks 6 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fracture of Right Hip 5-2-58
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Patient fell out of bed, fracturing Right Hip 5-2-58
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Joplin, COUNTY Jasper, STATE Missouri

21. I attended the deceased from 5-2-58, to 10-9-58 and last saw her alive on 10-9-58
Death occurred at 8:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. R. Kuhn, Jr., M.D.
22b. ADDRESS 321 Frisco Building
22c. DATE SIGNED 10-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-11-1958
23c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem
23d. LOCATION (City, town, or county) Webb City (State) Mo

24. FUNERAL DIRECTOR Thornhill-Dillon ADDRESS Joplin Mo
25. DATE RECD. BY LOCAL REG. 10-22-1958
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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VS JUN 14 1960

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 David Dillon

Licensed Embalmer No. 3890

P. O. Address Joplin, 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.