

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 8 2 2

FILED VS. DEC 28 1959-116

Primary Registration District No. 3030 Registrar's No. 274

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Length of stay in 1b <u>28 yrs.</u>	c. CITY OR TOWN <u>Washington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>402 Stafford St.</u>			Outside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside give location) <u>402 Stafford St.</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Anna Marie Ballmann</u>			4. DATE OF DEATH Month Day Year <u>Dec. 22, 1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/21/1930</u>	9. AGE (last birthday) <u>29</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>4 1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe Union, Missouri</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dave Marquart, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Oresschmidt</u>		14. NAME OF HUSBAND OR WIFE <u>Ralph V. Ballmann</u>		
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>495-30-7837</u>	17. INFORMANT <u>Ralph V. Ballmann, Washington, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d). PART I. DEATH WAS CAUSED BY:						
IMMEDIATE CAUSE (a) <u>Profound ventricular fibrillation</u>						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>due to summatic heart</u>		DUE TO (c) <u>disease</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Sudden - no physician present.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.).	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Edmund J. Nieburg, M.D.</u>			22b. ADDRESS <u>Crown Union Bldg</u>		22c. DATE SIGNED <u>12/23/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 26, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Hospital</u>	23d. LOCATION (City, town, or county) <u>Washington, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Nieburg &amp; Witt, Washington, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12/23/59</u>	26. REGISTRAR'S SIGNATURE <u>R. J. Sidman, Jr.</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1966

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 Lester A. Witt

Licensed Embalmer No. 3254

P. O. Address Washington

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.