

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014681

FILED VS. APR 19 1960

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 52

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Union Twp.</u>		Length of stay in lb <u>25 Yrs.</u>		c. CITY OR TOWN <u>Rural Union Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/4 Mi. South Gallatin</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1/4 Mi. South Gallatin</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Wesley</u> Middle <u>Franklin</u> Last <u>Ballenger</u>				4. DATE OF DEATH Month <u>April</u> Day <u>12</u> Year <u>1960</u>				
5. SEX <u>Male</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>3-27-1875</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>		11. BIRTHPLACE (City and state or country) <u>Daviess Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Jacob E. Ballenger</u>			13b. MOTHER'S MAIDEN NAME <u>Sidie Tribbey</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie M. Ballenger</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>None</u>	17. INFORMANT <u>Mrs. Nettie M. Ballenger</u>			Address <u>Gallatin</u> <u>Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
DUE TO (b) <u>arterial Sclerosis, prostate enlargement</u>							<u>2 yrs</u>	
DUE TO (c) <u>Stone or tumor of urinary Bladder</u>							<u>2 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Cystitis, Secondary anemia</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 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 <u>June 1912</u> to <u>April 12</u> and last saw her/him alive on <u>April 12 1960</u> Death occurred at <u>9:40 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>H. Bailey Del</u>				22b. ADDRESS <u>Gallatin Mo</u>		22c. DATE SIGNED <u>4-14/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-14-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>				
24. GENERAL DIRECTOR <u>Hope Funeral Home Gallatin, Mo.</u>				ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-16-60</u>	26. REGISTRAR'S SIGNATURE <u>Virgie M. Englehart</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

L. O. Dickerson

Licensed Embalmer No.

3307

P. O. Address

Dallatin

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.