

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-034622**

**FILED VS OCT 1 0 1960**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4276 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jackson</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>	Length of stay in lb <b>13 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>900 E. 30th</b> <del>1644 So. 38th.</del>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>MR. VERNE</b>	Middle <b>P.</b>	Last <b>BALLOR</b>	4. DATE OF DEATH	Month <b>Sept.</b>	Day <b>19,</b>	Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-31-1909</b>	9. AGE (last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>T.W. A.</b>	11. BIRTHPLACE (City and state or country) <b>Bay City, Michigan</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Barney Ballor</b>	13b. MOTHER'S MAIDEN NAME <b>Josephine Trombley</b>	14. NAME OF HUSBAND OR WIFE <b>Lillian Ballor</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 2</b>	16. SOCIAL SECURITY NO. <b>365-24-4033</b>	17. INFORMANT <b>Lillian Ballor</b>	Address <b>900 E. 30th.</b> <del>1644 South 30</del>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
IMMEDIATE CAUSE (a) <b>Adenocarcinoma of Colon &amp; Metastasis</b>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from 11/23/57 to 9/19/60 and last saw him alive on 9/18/60  
Death occurred at 6:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Richard L. Lehner, M.D.</b>	(Degree or title)	22b. ADDRESS <b>1103 Grand Ke 6. Mo.</b>	22c. DATE SIGNED <b>9-19-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-21-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Micheal's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Pinconning, Michigan</b>
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24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar Funeral Home</b>	ADDRESS <b>Woodland-Linwood</b>	25. DATE RECD. BY LOCAL REG. <b>9-20-60</b>	26. REGISTRAR'S SIGNATURE <b>H-L. Sawyer</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Richard L. Lehner**

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941

1001-3009

1001-3009

**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 Robert J. Fuller

Licensed Embalmer No. 4818

P. O. Address KC. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.