

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43196
STATE FILE NUMBER

FILED NOV 19 1957

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 434

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona</u>		c. CITY OR TOWN <u>Winona</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. Highway 60</u>		d. STREET ADDRESS (If outside, give location) <u>1016</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Francis Doyle Ballance</u>		4. DATE OF DEATH Month Day Year <u>October 19, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 24, 1935</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>air force</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Armed services</u>	9. AGE (In years, loss of birthday) <u>21</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>Shannon County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William G. Ballance</u>		13b. MOTHER'S MAIDEN NAME <u>Jemie Keller</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>489-36/6829</u>	17. INFORMANT Address <u>William G. Ballance, Winona, 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>Broken neck</u> DUE TO (b) <u>Three car accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>5 1/2 hrs</u>
20a. ACCIDENT <input checked="" 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.) <u>Car over turned & rolled over victim</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>4:00 p.m. 10-19-57</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 60</u>	
20e. CITY, TOWN, OR LOCATION <u>2 M. W. Winona, Shannon, Mo</u>		20f. COUNTY STATE <u>Shannon, Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>4:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>O. J. Wilson D. Coroner</u>		22b. ADDRESS <u>Evansville Mo</u>	22c. DATE SIGNED <u>11-6-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/21/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pine Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Winona, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Wincom Funeral Home Mt View, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 18, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Michael R. Lee</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 20 1957

FEB 24 1958

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 *Richard A. Norton*

Licensed Embalmer No. 5029

P. O. Address Mt. View, Pa.

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.