

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **83390**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5507** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry	
b. CITY OR TOWN LADUE		c. CITY OR TOWN Ladue	
c. LENGTH OF STAY (in this place) 15 mo		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) WILLIE b. (Middle) BELLE c. (Last) BALLEW			4. DATE OF DEATH (Month) - (Day) (Year) Aug. 6, 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 14, 1898
9. AGE (In years) 61		10. UNDER 1 YEAR (Months) 10	11. UNDER 2 HRS. (Hours) 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) South, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Sanford Tanner	
13b. MOTHER'S MAIDEN NAME Battie Dettler		14. NAME OF HUSBAND OR WIFE Robert W. Balluw	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Robert W. Balluw, Ladue, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Cholecystitis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 585X 4 days	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal obstruction		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 2, 1950 , to Aug 5, 1950 , that I last saw the deceased alive on Aug 5, 1950 , and that death occurred at 12:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. E. Baggerly, M.D.		23b. ADDRESS Montrose, Mo.	
23c. DATE SIGNED 8-7-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 8, 1950		24c. NAME OF CEMETERY OR CREMATORY Sumner Cemetery	
24d. LOCATION (City, town, or county) (State) Deerwater - Mo.		DATE REC'D BY LOCAL REG. Aug 8 - 1950	
REGISTRAR'S SIGNATURE Florence A. Law		FUNERAL DIRECTOR'S SIGNATURE H. D. Sansant	
ADDRESS Clinton, Mo.		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 24 1954

RECEIVED 8-14

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-14-50

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, ~~by~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *H. J. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.