

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36003**

BIRTH NO. _____		REG. DIST. NO. <b>1</b>		PRIMARY REG. DIST. NO. <b>3000</b>		Registrar's No. <b>302</b>	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Putnam</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirksville</b>		c. LENGTH OF STAY (In this place) <b>35 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Lincoln Tmp.</b>		<b>0800</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Unionville, Mo.</b>			
3. NAME OF DECEASED a. (First) <b>William</b>		b. (Middle) <b>Edgar</b>		c. (Last) <b>Ballew</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1, 1950</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>Aug. 27, 1878</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>4</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>general self</b>		11. BIRTHPLACE (State or foreign country) <b>Davis County, Iowa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Silas Ballew</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Jane (unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel May Ballew deceased.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE <b>Jewell Garnder-</b> ADDRESS <b>117 S. Madison St. Ottumwa, Iowa.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Massive pulmonary embolism</b>  ANTECEDENT CAUSES <b>Phlebitis right leg</b> DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Benign prostatic hypertrophy</b>				INTERVAL BETWEEN ONSET AND DEATH <b>25 min</b>  <b>16 days</b>	
19a. DATE OF OPERATION <b>10-7-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Single stage prostatectomy by emucleation</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>9-28-50</b> , to <b>11-1-50</b> , that I last saw the deceased alive on <b>11-1-50</b> , 19 <b>50</b> , and that death occurred at <b>9:26A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Carl Laughlin</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>Kirksville, Mo.</b>		23c. DATE SIGNED <b>11-7-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>Nov. 5, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Howell Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Davis Co. Iowa.</b>	
DATE REC'D BY LOCAL REG. <b>11-10-50</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Husted</b>		ADDRESS <b>Unionville, Mo.</b>	

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

Date Received: NOV 13 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-1901  
Date Filed: NOV 14 1950

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 .....  
Student Embalmer

Signed Muel E. Husted

Licensed Embalmer No. 3020X

P. O. Address Amosville 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.

*11-50-1901 34*