

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19441

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 644

1. PLACE OF DEATH a. COUNTY <u>Bourbon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u>		d. STREET ADDRESS (If rural, give location) <u>0650</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MORRELL</u>	b. (Middle) <u>C.</u>	c. (Last) <u>BALLEW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-8-1878</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>73 4 5</u>
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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>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Mercer County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Augustus C. Ballew</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Trapp</u>	14. NAME OF HUSBAND OR WIFE <u>Nora E. Ballew</u>
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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) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora E. Ballew</u> ADDRESS <u>Princeton, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>Arterio-sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (c) <u>Psychosis</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>4221</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 10-17-, 1949, to 6-13-, 1951, that I last saw the deceased alive on 6-12-, 1951, and that death occurred at 10:40 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Morrow</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>State Hospital No. 2 St. Joseph, Mo.</u>	23c. DATE SIGNED <u>6-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Princeton, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 18, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Hatter Meierhoffer</u> ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 23 1961

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Albert C. Harrington*

Licensed Embalmer No. *3258 mo*

P. O. Address *St. Joseph, 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.