

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23791

State File No. _____

FILED AUG 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5016 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cosby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cosby</u>	
c. LENGTH OF STAY (in this place) <u>3 mos.</u>		0020 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Ballew</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1953</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>May 10, 1894</u>	9. AGE (in years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>pastery cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>cafe</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bryant, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Sam Pope</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>R. T. Ballew</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>487-14-7898</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ralph Stevens, Cosby, Missouri</u>		ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarct Early Type</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION: _____	415X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 7-27, 1953, to 7-24, 1953 that I last saw the deceased alive on 7-24, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. H. J. Jensen</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>7-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-27-53</u>	REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>St. Joseph, Mo.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

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

James P. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 So 10th St. Annapolis, Md.

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.