

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 28 1954

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>27 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		<u>0850</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) <u>Mart</u>		c. (Last) <u>Ballew</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1954</u>
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>July 8, 1894</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>David Mart Ballew</u>			13b. MOTHER'S MAIDEN NAME <u>Martina Ellen Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>Molly M. Carver</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>487-22-2438</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Molly Ballew Waynesville, Mo.</u>			
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, ashenic, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thromboses</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/8</u> <u>1954</u> , to <u>1/8</u> <u>1954</u> , that I last saw the deceased alive on <u>1/8</u> <u>1954</u> , and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R.O. Lewis</u>				23b. ADDRESS <u>Waynesville, Mo</u>		23c. DATE SIGNED <u>1/9/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waynesville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-10-54</u>		REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>		25. SIGNATURE OF DIRECTOR'S SIGNATURE <u>Edgar P. Hedge</u>		ADDRESS <u>Hedges Funeral Home Waynesville Mo.</u>	

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

RECEIVED 1-10-54
Pulaski County Health Officer

File Number

Date Filed 1-26-54

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

Walter D. Hedges

Licensed Embalmer No. _____

P. O. Address _____

*4265
Beria, 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.