

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17759

BIRTH NO. _____		REG. DIST. NO. 379		PRIMARY REG. DIST. NO. 4553		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>Mansfield</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>Mansfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mansfield</u>				STREET ADDRESS (If rural, give location) <u>Mansfield, Mo. 1140</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORAN</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>Ballew</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 16, 1897</u>	
9. AGE (In years last birthday) <u>57</u>		Months <u>0</u> Days <u>15</u>		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>Dry Goods Store</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>M. J. Ballew</u>		13b. MOTHER'S MAIDEN NAME <u>JANE McCRITE</u>	
14. NAME OF HUSBAND OR WIFE <u>ELVA Ballew</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-28-4514</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ELVA Ballew</u> ADDRESS <u>MANSFIELD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
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) _____		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>May 31</u> , 19 <u>54</u> , to <u>May 31</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 31</u> , 19 <u>54</u> , and that death occurred at <u>12:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Zimmerman</u>		(Degree or title) <u>2 Dec.</u>		23b. ADDRESS <u>Mansfield, Mo.</u>		23c. DATE SIGNED <u>6/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6/4/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mansfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mansfield, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/11/54</u>		REGISTRAR'S SIGNATURE <u>W. J. Zimmerman</u>		384		25. FUNERAL DIRECTOR'S SIGNATURE <u>Low S. Terrell</u> ADDRESS <u>Mansfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 654-63
Date Filed JUN 12 1954

MAY 17 1954
MAY 19 1954

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.....
Signature of Student Embalmer

Signed Don J. Farrell

Licensed Embalmer No. 484

P. O. Address Mansfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.