

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30184

State File No.

FILED OCT 1 1954

| | | | | | | | |
|---|-------------------------------|---|--|--|---|---|---|
| BIRTH NO. | | REG. DIST. NO. <u>99</u> | | PRIMARY REG. DIST. NO. <u>4169</u> | | Registrar's No. <u>51</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osborn</u> | | c. LENGTH OF STAY (In this place) <u>1 yr.</u> | | c. CITY OR TOWN <u>Osborn</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>Osborn, Mo.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0220</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ellie</u> | | b. (Middle) <u>May</u> | | c. (Last) <u>Ballew</u> | | 4. DATE OF DEATH (Month) <u>9</u> (Day) <u>18</u> (Year) <u>54</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>1-17-1875/1882</u> | | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u></u> Days <u></u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mooreville</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>William Harlow</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ellen McCollum</u> | | 14. NAME OF HUSBAND OR WIFE <u>Victor A. 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>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Henry D. Hoover, Kansas City, Missouri</u> ADDRESS <u></u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the cause of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>undiscovered</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) | | 21d. HOW DID INJURY OCCUR? <u>331X</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"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 28, 1954</u> , to <u>Sept 11, 1954</u> , that I last saw the deceased alive on <u>Sept 11, 1954</u> , and that death occurred at <u>11 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Walter M. Admon, MD</u> (Degree or title) | | | | 23b. ADDRESS <u>Mooreville, Mo</u> | | 23c. DATE SIGNED <u>9-20-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-20-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Morreville, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-21-54</u> | | REGISTRAR'S SIGNATURE <u>Norman DeWitt</u> <u>82</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home, Chillicothe, Mo.</u> ADDRESS <u></u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.46
220

USE 8 T 100

DEC 27 1957

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 *Joseph M. Gibson*

Licensed Embalmer No. 4769

P. O. Address Chillicothe, M

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.