

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8489**

FILED APR 8 - 1957

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and name of township) <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY OR TOWN <u>West Plains</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>213 S. Minn. (dau's res)</u>				e. STREET ADDRESS (If rural, give location) <u>508 West Cleveland</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SARAH</u>		b. (Middle) <u>MARGARET</u>		c. (Last) <u>BALLEIN</u>	
4. DATE OF DEATH		(Month) <u>Mar.</u>		(Day) <u>21</u>		(Year) <u>1957</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>Mar. 10, 1865</u>	9. AGE (In years last birthday) <u>92</u>	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. IF UNDER 14 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Kinsey Wilhite</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah</u>			14. NAME OF HUSBAND OR WIFE	
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.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. L. McKinney, W. Plains, 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>Cardio-Vascular Accident (Cerebral Thrombosis)</u>				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Arteriosclerosis</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			20. AUTOPSY? ☒ YES ☐ NO ☐	
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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐			21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 7, 1957</u> , to <u>21-3</u> , 1957, that I last saw the deceased alive on <u>19-3</u> , 1957, and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>Mr. Do. West Plains, Mo.</u>			23c. DATE SIGNED <u>28/3/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			24b. DATE <u>Mar. 24, 1957</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>West Plains, Missouri</u>							
DATE REC'D BY LOCAL REG. <u>4-3-57</u>			REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hal Shoultz, W. Plains, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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APR 18 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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Hal Thompson

Licensed Embalmer No. 340

P. O. Address W. Plain

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.